

To be completed at Charles River



charles river

LTM Order Number:

Receipt Number:

Date Received:

# Genetic Testing Laboratory Sample Submission Form

LTM Customer ID#\*

New customers, write NEW in this field. Existing customers can find their LTM customer ID# in the header of result reports from previous submissions. Need help? Contact [LabServices@crl.com](mailto:LabServices@crl.com).

Customer Information \* = required

Bill To Information  Same as Customer

Payment information required at the time of submission.

Institution\* \_\_\_\_\_

Institution\* \_\_\_\_\_

Pay by PO

Address 1\* \_\_\_\_\_

Address 1\* \_\_\_\_\_

PO # \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 2 \_\_\_\_\_

Pay by Credit Card (CC)

City\* \_\_\_\_\_

City\* \_\_\_\_\_

Contact \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone \_\_\_\_\_

Contact\* \_\_\_\_\_

Contact\* \_\_\_\_\_

To pay with a CC on file, indicate the last four (4) digits and expiration date. For CC security, do not write the full CC number.

Phone\* \_\_\_\_\_

Phone\* \_\_\_\_\_

CC Last 4 Digits \_\_\_\_\_

Email\* \_\_\_\_\_

Email\* \_\_\_\_\_

CC Exp Date \_\_\_\_\_

## Line Information

## Mutations

Line Name \_\_\_\_\_

Mut 1 \_\_\_\_\_

Mut 4 \_\_\_\_\_

Background Strain \_\_\_\_\_

Mut 2 \_\_\_\_\_

Mut 5 \_\_\_\_\_

Mut 3 \_\_\_\_\_

Mut 6 \_\_\_\_\_

Comments

## Sample Information

Species\* \_\_\_\_\_

Sample Type \_\_\_\_\_

Ship Date \_\_\_\_\_

>>>> Assay requested\* \_\_\_\_\_

**IMPORTANT:** Please see page 2 for sample collection and shipping instructions for your selected assay.

Total # of Samples \_\_\_\_\_

Sample #	Sample ID	Parent ID/Genotype	Sex	Generation	DOB	Location	Box	Strain/Line
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Want an easier way to fill out a submission form and track your testing with Charles River? Try using LTM™ -- the online order wizard will guide you through your testing request. Visit [www.criver.com/ltm](http://www.criver.com/ltm) to get started.



Please only print and include page 1 (and any additional sample info pages) with your samples.

## Shipping Instructions

Questions? Email [LabServices@crl.com](mailto:LabServices@crl.com) or visit <http://www.criver.com/products-services/basic-research/genetic-testing-services>

### Sample Collection:

Visit [www.criver.com/shippingmaterials](http://www.criver.com/shippingmaterials) to request free sample collection and shipping materials online.

Collect tail tissue, approximately 0.5 cm in length, or ear samples (preferred for rats) into provided strip tubes; cap strips as they are completed. Please contact Charles River Genetic Testing Services to discuss alternative sample types.

### Assay Selection:

Please see the table below for assay descriptions and the appropriate sample collection tubes:

Assay	Description	Sample Collection Tubes
PCR*	DNA amplification by PCR	LARGE strip tubes for HIGH-quality extractions; SMALL strip tubes for LOW-quality extractions. If unsure, contact the lab.
QPCR*	Zygosity determination by quantitative PCR	LARGE strip tubes
SNP-Individual*	Single nucleotide polymorphism testing	LARGE strip tubes
BSC-SN 128	Backcrossing from one C57 sub-strain to another (128 SNP)	LARGE strip tubes
BSC-SN 384	Background strain characterization (384 SNP)	LARGE strip tubes
EX	Expression testing by reverse-transcriptase QPCR	LARGE strip tubes
CPY	Relative copy number determination	LARGE strip tubes
QC	Quality control testing by 32 SNP panel	LARGE strip tubes

\* First submissions require Controls (HO & HE)

### Sample Storage and Shipping Conditions:

Please note that samples should not be stored in a liquid (e.g., ethanol). Samples should be stored frozen (-20°C) for up to seven (7) days.

PCR samples should be shipped on cold packs via overnight courier.

All other samples, including qPCR and MAX-BAX®/BSC, must be shipped on dry ice via overnight courier. Freezing and thawing should be avoided to maintain the integrity of the DNA.

Place a copy of page 1 of this form and any additional sample info pages in the appropriate shipping container with your samples. Please ship following International Air Transport Association (IATA) guidelines. Click [here](#) for additional pages to record sample information.

Submit your samples to Charles River:

Charles River  
Attn: GTS Receiving  
261 Ballardvale Street, Building 22  
Wilmington, MA 01887  
USA