**Request for iPSC Core Services**

Contact name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penn IRM member: \_\_\_\_Yes \_\_\_\_No

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service(s) Requested:

\_\_\_\_Expansion and quality control of primary cells

\_\_\_\_Derivation of iPS cell lines by the Core only

 Characterization of iPS cells

 \_\_\_\_Basic characterization

 \_\_\_\_Karyotyping

 \_\_\_\_DNA finger printing

 \_\_\_\_EB formation

\_\_\_\_Hands-on training option for iPS cell derivation

\_\_\_\_Custom service

\_\_\_\_Technical consulting

\_\_\_\_Hands-on training course in ES/iPS cell culture

\_\_\_\_Cell line request

For iPSC derivation, please complete the following:

Species: \_\_\_mouse \_\_\_human

Number of samples submitted\_\_\_\_

Disease/Animal model (i.e. Parkinson’s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of cells (i.e. skin fibroblast)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed project title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of project: