



Applied Genomics Technology Center, 5107 Biological Sciences Building, 5047 Gullen Mall,
Detroit, MI 48202, Contact: Cindy Stevens, 313-577-3555, Fax No. 313-577-6200

AGTC Project Sample Submission Form

Administrator's Name: _____

Phone Number: _____ *Dept.:* _____

Billing Address: _____

Email: _____

PI's Name: _____

Phone Number: _____

Email: _____

Karmanos Cancer Institute Membership: _____ Yes _____ No

Contact Name: _____

Phone Number: _____

Email: _____

Project Title: _____

Method of Payment:

IRB Number: _____

PO Number: _____

Please go to <http://agtc.wayne.edu/> website to retrieve forms necessary for submitting samples for the following services:

DNA Isolation:	_____	Yes	_____	No
Microarrays:	_____	Yes	_____	No
Genotyping:	_____	Yes	_____	No