

Cell Line DNA Fingerprint *Report*

Contact Person:
PI:
Address:
Email:
Tel:

Lab #: CLG-
Cell Line ID:
Passage:
Species:
Cell Type:
Feeders:

Date Received:
Date Reported:
Sample Type:
Reason for Study:

PO:
Test Code:

Amelogenin	D18S51
vWA	Penta E
D8S1179	D5S818
TPOX	D13S317
FGA	D7S820
D3S1358	D16S539
THO1	CSF1PO
D21S11	Penta D

Note: This sample was run in duplicate and blinded to the interpreter to confirm the results. We used the Powerplex 16 (Promega) kit to obtain the results.

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