



Génome Québec & Montreal Heart Institute

Pharmacogenomics Centre

GLP DNA Isolation Request Form

Send completed request form to: dnalab@pharmacogenomics.ca
or fax to 514-670-7668

Client

Academic research laboratory

Pharmaceutical company

Academic/Clinical Network

Commercial laboratory

Client identification

Principal Investigator: _____

Contact Name: _____ Title: _____

P.O. Number (if applicable): _____

Address

Name of Institution or company: _____

Building, Room: _____ Department: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Bill to: (if different from mailing address)

Name of Institution or company: _____

Building, Room: _____ Department: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Office Use Only

Client Code: _____

Ethical Compliance Form included: Yes No N/A

Date Received: _____

1) DNA Extraction: sample information

Blood: < 5ml 5ml-10ml other: _____ ml
└───────────┬───────────> # of samples: _____ Sample code range: _____

Buffy Coat: # of samples: _____ Sample code range: _____

Buccal swabs # of samples: _____ Sample code range: _____

FTA paper: # of samples: _____ Sample code range: _____

Saliva: # of samples: _____ Sample code range: _____

Other: # of samples: _____ Sample code range: _____
└───────────┬───────────> Specify: _____

2) DNA Quantification: UV PicoGreen

3) DNA to be sent back to client: Yes OR To be stored until later shipping date

4) Specific instructions: Yes No

5) **Ethical Compliance Form must be completed before human samples can be accepted.**

Principal Investigator's Signature

Date (dd-mm-yyyy)