



REQUEST FOR SERVICE PRIMARY CULTURES

Banque d'ADN et de Cellules
1 bis rue de l'internationale
91002 EVRY Cedex
Tél : 01 69 47 29 47
Fax : 01 60 78 18 09
Responsable : [Pharm \(D\) Safa SAKER](#)
Tél : 33 (0)1 69 47 29 77

Date of request:

APPLICANT :

FAMILY NAME :

Tel :

Fax :

FIRST NAME :

e-mail :

LABORATORY DIRECTOR:

SHIPPING ADDRESS:

Address:

Tel:

Fax:

e-mail:

Do you prefer shipping by:

- A transporter of your choice (you must arrange transport yourself by carrier of your choice):
 GENETHON'S carrier (we arrange transport/fixed price)

TYPE OF SAMPLE :

- Primary fibroblast culture from skin biopsy
- 1 ampule of cells (at least 1.10^6 cellules)
 - 1 T75 or T25 flask of confluent cells
 - extraction of DNA from culture of fibroblasts
 - other :
- Primary myoblast culture from a muscle biopsy
- 1 ampule of cells (at least 1.10^6 cellules)
 - 1 T75 or T25 flask of confluent cells
 - extraction of DNA from culture of myoblasts
 - other :

SAMPLES REQUESTED Genethon codes (N individual + disease code) and/or exterior codes (used by the client) :

BILLING ADDRESS (if different from shipping address)

CONTACT:

Laboratoire de culture primaire

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