



**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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