## Cell Line Gene Editing Service Requisition Form

## **Customer information**

Name	Institute	
E-mail	Telephone	

Cell line and targeting gene

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Cell line	Species
Passage #	Karyotype
Pathogen test	Mycoplasma test
Gene name	PubMed ID
Knock-in	Knock-out
Other gene editing	

Other	requirement
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Please send filled form by email (support@10	Bio.com) or fax (1-888-871-2390).	We will response
within 1 husiness day		