

# Plexigen geneCube Service Interest Form

Please TYPE or PRINT NEATLY.

## Investigator Information:

Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Province / Country: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please indicate the types of samples you wish to submit  
(For example, total or messenger RNA, cells or tissue, species):

\_\_\_\_\_  
\_\_\_\_\_

Please explain your biological or experimental application or indicate the gene families  
or biological pathways you wish to explore:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax this form to us at 888-465-9859 or 301-682-7300 to the attention of "geneCube Service". A Technical Service Representative will contact you as soon as possible to discuss your needs.

