

What type of samples do you need and how many? Please describe requested genotypes and other relevant details.

Academic Pricing (Please contact for commercial pricing):

Number of nasal cell lines: _____ x \$ 500 CAD = \$ _____

Number of iPS cell lines: _____ x \$ 1000 CAD = \$ _____

Total: \$ _____ CAD not including shipping.

What methods will you use to study the samples?

Do you have the funds and access to the required equipment to perform this study? Do you have the necessary experience/expertise to perform the work? Please elaborate.

Do you already hold research ethics approval at your institution to perform this work? Please explain. If you don't already hold approval, please give an estimated date you will receive approval.

Do you require additional information in order to address the study question? Please specify. i.e. CFTR genotype, patient clinical information, genetic information, etc.

Is there any other information relevant to this request that you would like us to know?

Date samples are required by:

Signature:

Date:

Please return form to Dr. Paul Eckford via e-mail as an attachment: peckford@sickkids.ca

For internal use:

Approval:

Date:

Cell lines:

Total: \$

Anticipated shipping date: