

RNA *Bioanalyzer* Analysis Request Form

Your Name: _____ Supervisor Name: _____
 Institution: _____ PO # or Cost Centre #: _____
 Your Tel: _____ Your email: _____
 Your Signature: _____ Date: ____/____/____ (mm/dd/yy)

(if you are a new customer, please complete the New Account Application form as well)

Sample Species: human mouse rat yeast *Drosophila* other _____

Sample Sources: tissue cell culture blood other: _____

RNA isolation method: _____

Your RNA samples: total RNA amplified RNA Biotin-labeled cRNA

Did you check the quality of your RNA sample? Yes No

if yes, please indicate the method you used: Agarose Gel, BioAnalyzer, other _____

Are you aware of any existing problem in your RNA sample? Yes No

Sample Description	260/280 OD	Total Vol (ul) *	Conc. (ng/ul) *
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____

If samples are for GeneChip array experiment, you do not need to complete this form.

Total RNA requirement: for nano kit: > 10ng/ul; pico kit: > 100 pg/ul; small RNA: > 100 pg/ul (in water, > 3.0 ul)

Bioanalyzer analysis kit: total RNA nano kit total RNA pico kit small RNA kit

Microarray Facility use only: shipped in dry ice: yes no Date Rec'd: ____/____/____ Rec'd by: _____