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DNA GeneChip 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 Sources: Frozen tissue Paraffin tissue Cultured cells Other: _____

Sample Species: human mouse rat mixture other _____

DNA isolation method:

QIAGEN DNA prep Kit SDS/ProPKdigestion/phenol-chloroform extraction
 ArchivePure DNA blood kit Others, please specify _____.

Your DNA samples *: Genomic DNA Amplified genomic DNA Other _____

If it is amplified DNA, please indicate the method of your amplification _____

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

Did you use phenol/chloroform in sample preparation: Yes No Unknown.

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

Sample Description	Gender	260/280 OD	Vol (ul) *	Conc (ug/ul) *
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

*Minimum amount of DNA required for 5.0 Array or 6.0 Array is **700ng**. Other SNP arrays require greater than 300 ng. The concentration should all be **greater than** 50 ng/ul in low TE. Original picture of agarose gel electrophoresis of each sample is required at sample submission (50ng in 1% agarose gel).

Human whole genome array: 250k Nsp 250k Sty GW 5.0 GW 6.0 Cyto 2.7M

Other, please specify _____

Data Received Date: ____/____/____ (mm/dd/yy) Signature: _____

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