

RNA 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 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 _____

Did you prepare additional 5ul (200ng/ul) aliquot for Bioanalyzer analysis? Yes No

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

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

*The volume available for each reaction is 3 ul for two-cycle and 8 ul for one-cycle protocol. Please re-precipitate RNA if it is too diluted.

GeneChips to use: (please specify) _____

Sample Preparation Reagent Preference: No Yes, please specify _____

Use of Biomatrix RNASTable to concentrate the sample(s): No Yes (+\$10/sample)

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

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