



GENETIC ANALYSIS FACILITY ORDER FORM

The Centre for Applied Genomics (<http://www.tcag.ca/>)

The Hospital for Sick Children, TMDT Building, East Tower 14th floor, room 14-601

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PLEASE CONTACT:

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(rev09/09)

Date: _____

Billing Address: _____

User's Name: _____

Supervising Investigator: _____

Department: _____

Institute: _____

Tel: _____ Fax: _____

Email: _____

PAYMENT INFORMATION:

Cost Centre/P.O. Number: _____

Credit Card Number: _____

Expiry (MM/YY): _____

Send invoice to billing address

Card Holders Name: _____

Infinium HD Genotyping:

Human Omni1-quad beadchip

Number of samples: _____

Human 1M-Duo beadchip

Number of samples: _____

Human 660W-quad beadchip

Number of samples: _____

Human CytoSNP-12 beadchip

Number of samples: _____

Human Linkage-12 beadchip

Number of samples: _____

Human CVD-12 beadchip

Number of samples: _____

iSelect custom panel

Number of samples: _____

Other: _____

Number of samples: _____

Goldengate Genotyping: Standard SNP Panels (in 16-sample or 96-sample format)

MHC Panel Set (2,360 SNPs)

Number of samples: _____

MHC mapping panel (1,293 SNPs)

Number of samples: _____

MHC exon-centric panel (1,228 SNPs)

Number of samples: _____

Mouse medium density linkage panel (1,449 SNPs)

Number of samples: _____

Mouse low density linkage panel (377 SNPs)

Number of samples: _____

Other: _____

Number of samples: _____

Custom SNP panel

Number of SNPs (multiples of 96): _____

Number of samples (multiples of 96): _____

DNA methylation profiling

HumanMethylation27 DNA Analysis BeadChip

Number of samples: _____

Cancer Panel I (1,505 CpG loci)

Number of samples: _____

I hereby authorize TCAG staff to order any and all necessary supplies to conduct the experiments requested above:

User signature: _____

PI signature: _____

Departmental authorization (if applicable): _____