



GENETIC ANALYSIS FACILITY ORDER FORM

The Centre for Applied Genomics (<http://www.tcag.ca/>)
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 (rev10/08)

Date: _____
 User's Name: _____
 Supervising Investigator: _____
 Department: _____
 Institute: _____
 Tel: _____ Fax: _____

Billing Address: _____

 Email: _____

PAYMENT INFORMATION:

Cost Centre/P.O. Number: _____
 Send invoice to billing address

Credit Card Number: _____
 Expiry (MM/YY): _____
 Card Holders Name: _____

ILLUMINA GENE EXPRESSION:

Whole-genome analyses

Human HT-12 Expression Beadchip (47,296 transcripts)	Number of samples: _____
Human-6 Expression Beadchip (47,296 transcripts)	Number of samples: _____
Human-8 Expression Beadchip (24,357 transcripts)	Number of samples: _____
Mouse-6 Expression Beadchip (47,769 transcripts)	Number of samples: _____
Mouse-8 Expression Beadchip (24,886 transcripts)	Number of samples: _____
Rat-12 Expression Beadchip (>24,000 transcripts)	Number of samples: _____
Whole-genome DASL (FFPE samples) on Human-8 chips	Number of samples: _____
Human microRNA profiling (1,146 miRNA)	Number of samples: _____
Mouse microRNA profiling (656 miRNA)	Number of samples: _____

Focused or custom panels

DASL cancer panel	Number of samples: _____
DASL custom panel	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): _____