MRC Personnel Use Only

Completion Date: \_\_\_\_/\_\_\_\_ /­­\_\_\_\_ Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affymetrix Microarray Request Form**

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| --- | --- |
| Date Request Submitted:       | Principal Investigator:       |
| Contact Person:       | Department:       |
| Contact Phone:       | Account No.:       |
| Contact Email:       |        |
| Type of Chip:       | Species: |
| Authorized Signature: |  |

**\* Label tube with principal investigator’s initials and tube number (example: BW #1)**

**NOTE: All RNA samples need to be in RNase free water and DNased.** **Samples that fail QC will only be run with investigator’s written permission, and the investigator will be billed for all work associated with samples that fail QC.**

Number of Samples: \_\_\_\_\_\_\_\_\_\_\_\_ Order ID: \_\_\_\_\_\_\_\_\_\_

Label Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Samples: \_\_\_\_\_\_\_\_\_\_\_\_ Order ID: \_\_\_\_\_\_\_\_\_\_

Label Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Molecular Resource Center

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Fax: 901-448-3500

Contact: Lorne Rose

Email: lrose4@uthsc.edu

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\* Sample ID** |  | **Approximate Concentration** |  | **Solvent (Sample Buffer)** |
|       |  |       |  |       |
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