

MOUNT SINAI SCHOOL OF MEDICINE

Illumina Microarray Service Request Form

Genomics Core Facility Institute for Genomics and Multiscale Biology Icahn Building 13-02

 $microarray-gcf@mssm.edu\\ http://www.mssm.edu/research/institutes/genomics-institute/genomics-core-facility$

Date of Submission:	Principal Investigator:		[Require	[Required]	
Submitter Name:	Fund Acct #:		[Require	[Required]	
Email address (print):	P.I. Signature:		[Require	[Required]	
	Signature indicates agreement to pay for services.				
Sample Type: Total RNA Pre-Labeled cRNA Genomic DNA	Sample or Plate Name	Organism	Concentration (ng/ul)	Volume (µl)	
Service Type: Full Service Gene Expression Full Service Genotyping cRNA Hybridization Only					
Array Type: Infinium Human OmniExpress-12 Infinium Human Omni2.5-8 Infinium Human OmniExpress Infinium Human OmniExpress Exome Infinium HumanOmniExome-12 HumanHT-12 v4.0 Mouse-WG-6 MouseRef-8 Submission Instructions - A 15% Administrative Fee + Shipping and Handle - Each beadchip has separate array sections to accordance - Please see product information to obtain number - Please provide DNA samples in a 96 well plate by - Users must check the quality of genomic DNA or quantified) or 75ng/ul (nanodrop quantified) in - A minimum of 50ng of total RNA is required for - Please bring all samples on dry ice. Provide a brief description of your experimental contents of the provide in the	mmodate multiple samples. It of array sections per chip. To y columns an agarose gel and normalized 15 ul of H20. Expression Arrays.	Unused sections and the number of sections are concentrations.	are not recoverable ctions varies for eac	e. ch chip.	
Sample accepted by:					