

VCU NUCLEIC ACIDS RESEARCH FACILITIES

DNA MICROARRAY CORE FACILITY

Sanger Hall, Room 5-069

Phone: 804-828-6252

E-mail: dmallone@hsc.vcu.edu

Affymetrix Microarray Request Form

NAME: _____

DEPT: _____

DATE: _____

BOX #: _____

PI: _____

PHONE #: _____

CHARGE CODE #: _____

E-MAIL: _____

| SAMPLE NAME (short please) | RNA AMOUNT (5 µg min.) | RNA CONC. (µg/µl) | SPECIES (mouse, human, etc) | SOURCE (tissue, cell line, etc) | COMMENTS | CHARGE |
|-------------------------------|---------------------------|----------------------|--------------------------------|------------------------------------|----------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL #: | | | | | | |