

MCV-VCU Nucleic Acids Research Facility

Sanger Hall 5-050

Phone 804-828-6218

RT-PCR Request Form

Name: _____

Department: _____

PI: _____

Phone #: _____

Date: _____

Grant #: _____

USER NOTE: *We need for the standard 2 μ g in 100ng/ μ L concentration.
Samples 1 μ g in 20ng/ μ L concentration.*

Is there a possibility these samples may still be infectious? () YES or () NO

Number of Samples: _____

Type of Sample: () RNA or () DNA

Genes to be tested: _____

Sample Name					
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	

Please Identify which sample should be used as the Standard: _____

(this sample *MUST* express the genes of interest, preferably, better than the other samples if possible)

Perform No Amplification Controls? () Yes or () No

(Determines presence of DNA contamination of RNA samples)

Endogenous Control:

Human Betaactin

Mouse Betaactin

Note: Please prepare dilutions as follows:

16S Bacteria: 0.02ng/ μ L

18S Human/Rat/Mouse: 1ng/ μ L

Other: _____

Lab Use:

Total number of reactions: _____

Total Cost: