

RNA/DNA OC (Bioanalyzer) Request Form

Date: _____

Project Name: _____

PI Name: _____

Contact: _____

Department: _____

UMC: _____

E-mail: _____

Phone: _____

Ninglin Yin, Genomics Group Leader
Center for Integrated BioSystems
 4700 Old Main Hill
 Logan, UT 84322-4700
 (435)797-8218 or (435)760-3688
 Fax: (435)797-2766
 e-mail: usudna@aggiemail.usu.edu

Billing Questions:
Sue McCormick (435) 797-7510

Lab Use Only
 Date Received: _____
 Date Finished: _____
 Number of Chips Used: _____
 Price Per Chip: _____
 Total Cost: _____

Method of Payment
 On-campus payment: OCC# _____

Off-campus payment options:
 Credit Card (we will contact you)
 Purchase Order # _____

PI Signature: _____

Please circle choose according to your sample:

- | | | | | |
|---|---|--|---|--|
| 1. Sample Type:
<input type="checkbox"/> Eukaryote
<input type="checkbox"/> Prokaryote | 2. Details
<input type="checkbox"/> tRNA <input type="checkbox"/> gDNA
<input type="checkbox"/> mRNA <input type="checkbox"/> cDNA
<input type="checkbox"/> Other | 3. Equipment
<input type="checkbox"/> Bio-Rad Experion
<input type="checkbox"/> Agilent 2100 Bioanal. | 4. Circle chip choice:
<input type="checkbox"/> 1K_DNA / <input type="checkbox"/> 12K_DNA / <input type="checkbox"/> HS_RNA / <input type="checkbox"/> Std_RNA
<input type="checkbox"/> Nano_RNA / <input type="checkbox"/> Pico_RNA / <input type="checkbox"/> HS_DNA | 5. Services:
<input type="checkbox"/> Full Service
<input type="checkbox"/> Minimal Service |
|---|---|--|---|--|

SAMPLE NAME	Sample Type	Size (bp)	Conc. (ng/ul)	260/280 ratio	Notes
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					