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WT Pico

UKHC Genomics Core Laboratory Microarray Service Request Form

Requester Information Requester Name: Department: _____ College/Institution: UKHC Account # _ If UKHC account not established, please email the completed "Genomics Account Creation Form" to genomics@uky.edu. Samples will not be processed without prior electronic submission of this Request Form. Markey Cancer Center Member: Yes No Service Requested Array Type Human Clariom S array Number of Samples: _____ Human Clariom D array Number of Samples: _____ Mouse Clariom S array Number of Samples: _____ Mouse Clariom D array Number of Samples: Number of Samples: _____ Rat Clariom S array Number of Samples: _____ Rat Clariom D array Bovine Gene 1.0 ST array Number of Samples: _____ Number of Samples: _____ C.elegans Gene 1.0 STarray Number of Samples: _____ miRNA array Number of Samples: _____ **Custom Arrays** Extra Arrays* Number of Samples: Number of Samples: _____ Other Number of Arrays: _____ Other *select the array type too **Protocol**

miRNA

3'-IVT

Sample Information

Sample	Experimental	Volume	Concentration	
Name	Group	(µl)	ng/ul	

Email us (genomics@uky.edu) this completed form. In addition, please provide hard copy of this form along with your samples, while submitting.

Submit the samples in 0.2 - 0.5 ml tubes clearly labeled with sample name and date

If any questions, please contact:

UKHC Genomics Core Laboratory Room # HA629, 800 Rose Street UK Chandler Hospital

Lexington, KY 40536 Phone: 859-323-5327 Email: genomics@uky.edu

Official Use		
Work order Number:	 	
Date of Submission:		