

MICROARRAY FACILITY

Mount Sinai School of Medicine

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AFFYMETRIX GENECHIP ARRAY SAMPLE SUBMISSION FORM

Service Requested: Full Partial **Date:** _____

Investigator information

PI: _____ Life# _____ ext: _____
Department: _____
Contact Person: _____ ext: _____
E-mail Address: _____
Building/Rm Address: _____
Fund#: _____

Sample Information

Species/Strain: _____
Project Name: _____ (max. 5 characters)
Cell Line _____ Tissue _____
Labels: Specify the Name (max 5 characters), Conc., Volume, Experiment or Control
#1 _____
#2 _____
#3 _____
#4 _____

- Use additional sheet for more samples

For Partial Service, please identify labeling kit used _____
RNA isolated by Qiagen column: yes no others: _____
Total # of samples submitted: _____

GeneChip Array

Human genome: U133 2.0
Mouse genome: Me 430 2.0
Rat genome: 230 2.0
Others: _____

of chips submitted: _____

Microarray Facility Information (do not write below)

Date Processed: / by: _____
Agilent analysis _____
Target preparation _____
Hybridization _____
Data filed and released _____

Comments: