

MICROARRAY FACILITY

Mount Sinai School of Medicine

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AFFYMETRIX SAMPLE SUBMISSION FORM

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

Investigator information

Principal Investigator: _____ ext: _____

Department: _____

Contact Person: _____ ext: _____

E-mail Address: _____

Bulding/Rm Address: _____ Grant#: _____

Sample Information

Species/Strain: _____ Project Name: _____

Cell Line Tissue Type: _____

Source: Biopsy LCM-Single Cells LCM-Layer N/A

Amplification: One Round _____ Two Round _____

Labels (Specify the **Name, Conc., Volume, Experiment or Control**) * Use additional sheet for more samples

#1 _____

#2 _____

#3 _____

#4 _____

Labeling Kit: GeneChip® IVT Labeling Kit NuGen Labeling Kit
Enzo Labeling Kit Ambion labeling Kit
All Other Labeling Kits _____

Total # of samples submitted: _____

TestChip: Test3 _____

#of chips submitted test3 _____ High-Density _____

Human:

U133A _____ U133B _____ U133A2.0 _____ U133plus2.0 _____ Other _____

Mouse:

430A _____ 430B _____ 430A2.0 _____ 430 2.0 _____ U74Av2 _____

Others: _____

** Please specify "quantity" in the blank

Microarray Facility Information (do not write below)

Date of Amplification Processed/ By: _____

Date of Hybridization Processed /By: _____

Comments: _____
