

MICROARRAY FACILITY
Mount Sinai School of Medicine

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Agilent bioanalyzing System
Sample submission form

Investigator information

Principle investigator _____ Extension _____
Department _____
Date submitted _____
Contact person _____
E-mail address _____
Address _____
Grant# _____

Sample Information

Sample type: ? Total RNA eukaryotic ? mRNA eukaryotic ? Total RNA Prokaryotic
? mRNA Prokaryotic ? aRNA (T7 amplification)

Sample name\ Volume Sample 1 _____ Sample 2 _____

Sample 3 _____ Sample 4 _____ Sample 5 _____ Sample 6 _____

_____ Sample 7 _____

Concentration _____

Purity A_{260}/A_{280} _____

Please different form for different sample type

Facility use only do not write below

Date processed _____

Number of chips used _____

Results and Comments _____

