

MICROARRAY FACILITY
Mount Sinai School of Medicine

Annenburg building, room 19-241
One Gustave Levy Place
New York, NY 10029

Tel: (212) 241-4147

Fax: (212)51-1627

**Agilent Bioanalyzing System
Sample Submission Form**

Date _____

Investigator information

Principle investigator _____ Extension _____ Life # _____

Department _____

Contact person _____

E-mail address _____

Address _____

Fund# _____

Sample Information

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

Sample name\Volume Sample 1 _____ Sample 2 _____

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

_____ Sample 7 _____

Concentration range 25-500 ng/ul 500pg – 5 ng/ul

Note: make all samples in the same concentration range to avoid additional charge

Please use different form for different sample type

Facility use only do not write below

Date processed _____

Number of chips used _____

Results and Comments _____

