

MICROARRAY FACILITY

Mount Sinai School of Medicine

Annenberg Building, Room 19-80
Form # C04

Tel: (212)-241-8194
Fax: (212)-241-1627

Spotted Array LUCIDIA SLIDEPRO HYBRIDIZATION FORM

Service: Hybridization

Date: _____

Investigator Information

Principal Investigator: _____ Ext: _____

Department: _____

Contact Person: _____ Ext: _____

E-Mail Address: _____

Building/Rm Address: _____

Grand#: _____

Sample Submission

- Combine both labeled samples plus blocking solution before submission
- Adjust the volume of mixture to 100 μ l in a 0.5 μ l thin-wall PCR tube
- Call ahead for availability of machine slot on your expected hyb date
- Submit your samples before 3 PM, Mon.-Thr.
- If samples are not received in time or exceeds the machine capacity (12), the samples will be run on the next available day.
- Use separate form for each type of slide

Species: _____ Slide name: _____ # of samples: _____

Sample labeled: _____

Data: _____

By: _____

Slides ID	Post-processing	PreHyb	Hyb-protocol

Comments and Calculate in the back.