MICROARRAY FACILITY

Mount Sinai School of Medicine

Annenberg Building, Room19-241 Tel: (212) 241-8194

Form # C02 Fax: (212) 241-1627

SPOTTED ARRAY
SLIDE SUBMISSION FORM

Service: Scanning **Date: _____**

Investigator information

PI:_____Life#_____ext:_____

Department:_____

Date Submitted:_____

Contact Person:_____ext:_____

E-mail Address:_____

Bulding/Rm Address:_____

Fund#:_____

Sample Information

Total # of slide submitted: _____

Label on slide:_____

Fluorescence used: Cy-3 only ☐ Cy-5 only ☐ Both ☐

Microarray Facility Information (do not write below)

Date Processed:_____ by: _____

Slide ID	Gain		Background			Signal			Comments
	Green	Red	H	M	L	H	M	L	

H: High, M: Medium, L: Low

Web-site: www.mssm.edu/research/resources/microarray.html