

Affymetrix Exon GeneChip Project Request Form

The London Regional Genomics Centre Microarray Facility

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Technical Team David Carter John Robinson Yibin Liu

Date Received

Technician

Principal Investigator _____ Account # _____
Person Requesting _____ Department _____
Phone # _____ Bldg/Rm# _____
E-mail address _____ Institute _____

Project Title _____

Description (Aim, goals, PubMed references) _____

Experimental Design

- Time course Normal vs. Diseased Dose response
 Cell culture Tissue (_____)
 Replicates: (duplicates, triplicates, other)

Sample Description

Species: _____ Tissue: _____ Cell culture (_____)
Purification RNeasy Trizol Other (_____)

Arrays to be Ordered

GeneChips	Number	Lot Number
_____	_____	_____

Total number of samples: _____ Estimated start date: _____

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