

Affymetrix Mapping Project Request Form

The London Regional Genomics Centre Microarray Facility

Scientific Director Robert Hegele
Technical Team David Carter John Robinson Yibin Liu

Date Received

Technician

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

Experimental Design

Project Title _____
Specific Aims of Experiment _____

Experimental Plan

Describe your research project. Important information to include is experiment type (time course, comparison of normal vs. diseased, dose response etc.), sample source (cell lines, human tissue, etc.) and what kinds of replication will be built into the experiment. Please also include specifications of drug including concentrations if used in protocol.

Number of experiments for project: _____ Estimated start date of project: _____

Arrays to be Ordered

Mapping Arrays	Number	Lot Number
<input type="checkbox"/> 250K Nsp	_____	_____
<input type="checkbox"/> 250K Sty	_____	_____
<input type="checkbox"/> 5.0 SNP	_____	_____
<input type="checkbox"/> 6.0 SNP	_____	_____
<input type="checkbox"/> Cytogenetics 2.7M	_____	_____

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