Bioanalyzer Sample Submission 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 _____

Agilent 2100 Bioanalyzer (for use with mRNA or total RNA.)

	Sample Name	RNA Type	Conc. (ng/ul)	RIN	260/230 (> 1.4)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Submitter Comments: _____

Samples: returned discarded

Technician Comments: _____

Data File Name: _____ Technician Name: _____

Number of Chips: _____ @ $ 60 Total: $_____

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