

Spotted cDNA 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. (Dye swaps, technical and biological replicates.) Please also include specifications of drug including concentrations if used in protocol.

Approximate # of experiments for project: _____ Estimated time of project duration: _____
(Cy3/Cy5 pairs)

Sample Description

Sample Source _____
Species _____
Purification Method _____
RNA Type _____

Arrays to be Ordered

Slide Type	Number to Order
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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