

Covaris S2 Sample Submission Form

The London Regional Genomics Centre Microarray Facility

Scientific Director Robert Hegele
Technical Team David Carter John Robinson
Jenn Biltcliffe Gerry Barbe

Date Received

Technician

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

Covaris S2 sample information:

gDNA species: _____
 Other: _____

Sample Name Conc. (ng/ul)

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

Duty cycle: _____ %
Intensity: _____
Cycles per burst: _____
Time: _____ sec

Submitter Comments: _____

Technician Comments: _____

Protocol Name: _____ Technician Name: _____

Number of Tubes: _____ @ \$ 10 Total: \$ _____

The London Regional Genomics Centre Microarray Facility

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