



Human Immune Monitoring Core Facility

Nucleic Acid Isolation Request Form

HESS Ctr 5th Fl Rm 310/313
 New York, NY 10029
 Tel:212-824-9354

immunemonitoring@mssm.edu

Date of Submission: _____ Principal Investigator: _____
 Submitter Name: _____ Fund Acct #: **(Required)** _____
 Email address(print): _____ P.I. Signature: _____

Please consult Core Staff before preparation or submission of the samples

Please check only one box in each category below.

Sample Request:

DNA
 RNA
 microRNA

Material Source:

Whole Blood Tissue, fresh vs. frozen
 Cell Pellet *Lysed Cells
 PAXgene Tempus
 Others:

*please describe the lysis buffer

Samples

	Sample Name	Organism	Volume
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Submission Instruction:

- Sample Preparation:** In order to obtain appropriate amount of DNA/RNA/miRNA for the study specific downstream application, please consult with Core staff before submitting the samples.
- IF samples are kept frozen, please bring them on dry ice. Avoid freeze/thaw.
- IF samples are kept at 4°C, please bring them on ice.

Comments: