

DNA/RNA QC Service Request Form

Genomics Core Facility (GCF) Institute for Genomics and Multiscale Biology Icahn Building 13-02

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http://www.mssm.edu/research/institutes/genomics-institute/genomics-core-facility

Date of Submission:			Princ	Principal Investigator:				
Submitter Name:			Fund	Fund Acct #:			[Required	
Email address:			P.I. Signature:			[F	Required	
		[Print]		Sign	ature indicates agre	ement to pay for	r service	
	Mark box for service(s) desired		Service Description			Price	Price	
			•	ults provided in 3 business days)			\$15 per sample	
Quality analysis (resul				1 2/			\$30 per sample	
				fluorometry (results provided in 3 business days)			\$10 per sample	
Quantitation by Qubit f			bit fluorometry (r	fluorometry (results provided same day)			\$20 per sample	
 All leftover material will be disposed after results are sent back to submitter. Based upon the information given, the GCF will determine the most appropriate instrument/chip to use. Please attach a spreadsheet with sample information - must include either of the following column headers. All information required (if not given, sample will be rejected). Detailed description Expected DNA Sample Concentration Conc determined by Named to a concentration 								
DNA	ChIP DNA,	, amplicons, etc.	size range (bp)	ID	(ng/μL)	Nanodrop or Qubit N or Q		
RNA	Ex. Total RNA,	l description polyA-selected RNA, NA, etc. (no small RNA)	Species	Sample ID	Concentration (ng/µL)	Conc determine Nanodrop or Q	•	
RNA						N or Q		
Number of samples submitted: Notes:								
	s accepted by			Da				