DNA/RNA QC Service Request Form

Genomics Core Facility (GCF)
Institute for Genomics and Multiscale Biology
Icahn Building 13-02
Genomics_core@mssm.edu
http://icahn.mssm.edu/research/genomics/core-facility

Date of Submission: _____   Principal Investigator: _____ [Required]

Submitter Name: _____   Fund Account #: _____ [Required]

Email Address: _____   P.I. Signature: _____ [Required]

* Signature indicates agreement to pay for services.

Check box for service(s) desired	Service Description	Price
	Quality analysis by Bioanalyzer traces (results provided within 3 business days)	$15 per sample
	Concentration quantitation by Qubit fluorometry (results provided within 3 business days)	$10 per sample

Policies:

- Sample submission hours are Monday-Thursday from **2-4 PM**.
- Bring at least **3-5 μl** of each sample to the GCF at Icahn laboratory 13-02 in ice or dry ice if RNA.
- Based upon the information given, the GCF will determine the most appropriate kit/chip to use.
  - State in notes if there is a specific chip you require. The upper threshold for DNA is 50 ng/ul.
- All leftover material will be discarded after results are sent back to submitter.

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).
USE ONE SUBMISSION SHEET PER SAMPLE TYPE (DNA OR RNA)

DNA	**Detailed Description** Ex. genomic DNA, fragmented DNA, ChIP DNA, amplicons, etc.	**Expected size range (bp)**	**Sample ID**	**Total volume (μl)**	**Concentration if known / Circle Nanodrop or Qubit (ng/μl)**
					_____ (N or Q)

RNA	**Detailed Description** Ex. Total RNA, polyA-selected RNA, rRNA-depleted RNA, etc.	**Species**	**Sample ID**	**Total volume (μl)**	**Concentration if known / Circle Nanodrop or Qubit (ng/μl)**
					_____ (N or Q)

Number of samples submitted: _____

Notes: _____

_____

Section below for GCF use only

Samples accepted by: _____   Date: _____

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