



Icahn
School of
Medicine at
Mount
Sinai

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 Acct #: _____ [Required]
 Email Address: _____ P.I. Signature: _____ [Required]
 [Print] *Signature indicates agreement to pay for services.*

Mark box for service(s) desired	Service Description	Price
	Quality analysis (results provided within 3 business days)	\$15 per sample
	Quantitation by Qubit fluorometry (results provided within 3 business days)	\$10 per sample

Policies:

- Submission hours are M-Th from **2-4 PM**.
- Bring 3-5 μ L samples to the GCF at Icahn laboratory 13-02.
- All leftover material will be discarded 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).**

USE ONE SUBMISSION SHEET PER SAMPLE TYPE

DNA	Detailed description Ex. genomic DNA, fragmented DNA, ChIP DNA, amplicons, etc.	Expected DNA size range (bp)	Sample ID	Total volume (μ L)	Conc. determined by Nanodrop or Qubit (ng/ μ L)
DNA					

RNA	Detailed description Ex. Total RNA, polyA-selected RNA, rRNA-depleted RNA, etc.	Species	Sample ID	Total volume (μ L)	Conc. determined by Nanodrop or Qubit (ng/ μ L)
RNA					

Number of samples submitted: _____

Notes: _____

Samples accepted by: _____

Date: _____