

## MOUNT SINAI SCHOOL OF MEDICINE

## Illumina Microarray Service Request Form

## Genomics Core Facility Institute for Genomics and Multiscale Biology Icahn Building 13-02

 $microarray - gcf@mssm.edu\\ http://www.mssm.edu/research/institutes/genomics-institute/genomics-core-facility$ 

Date of Submission:	Principal Investigator:		[Require	[Required]	
Submitter Name:	Fund Acct #:		[Required]		
Email address (print):	P.I. Signature:		[Required]		
	Signature indicates agreement to pay for services.				
Sample Type:  ☐ Total RNA ☐ Pre-Labeled cRNA ☐ Genomic DNA	Sample or Plate Name	Organism	Concentration (ng/ul)	Volume (µl)	
Service Type:  ☐ Full Service Gene Expression ☐ Full Service Genotyping ☐ cRNA Hybridization Only					
Array Type:    Infinium Human OmniExpress-12     Infinium Human Omni2.5-8     Infinium Human OmniExpress     Infinium Human OmniExpress     Exome     Infinium HumanOmniExome-12     HumanHT-12 v4.0     Mouse-WG-6     MouseRef-8    Submission Instructions   - A 15% Administrative Fee + Shipping and Handlin   - Each beadchip has separate array sections to accome   - Please see product information to obtain number of   - Please provide DNA samples in a 96 well plate by   - Users must check the quality of genomic DNA on quantified) or 75ng/ul (nanodrop quantified) in 1   - A minimum of 50ng of total RNA is required for Hease bring all samples on dry ice.  Provide a brief description of your experiments	nmodate multiple samples. Up of array sections per chip. To columns an agarose gel and normaliz 5 ul of H20. Expression Arrays.	Inused sections he number of se	are not recoverable ections varies for each	e. ch chip.	

Sample accepted by: \_