



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 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 instrument/chip to use.
- 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)

<u>DNA</u>	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)

<u>RNA</u>	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: _____