



UKHC Genomics Core Laboratory Microarray Service Request Form

Requester Information

Requester Name: _____

PI Name: _____

Department: _____

College/Institution: _____

Email: _____

Phone: _____

UKHC Account # _____

If UKHC account not established, please email the completed "Genomics Account Creation Form" to genomics@uky.edu. Samples will not be processed without prior electronic submission of this Request Form.

Markey Cancer Center Member: Yes No

Service Requested

Array Type

Human Clariom S array	Number of Samples: _____
Human Clariom D array	Number of Samples: _____
Mouse Clariom S array	Number of Samples: _____
Mouse Clariom D array	Number of Samples: _____
Rat Clariom S array	Number of Samples: _____
Rat Clariom D array	Number of Samples: _____
Bovine Gene 1.0 ST array	Number of Samples: _____
C.elegans Gene 1.0 STarray	Number of Samples: _____
miRNA array	Number of Samples: _____
Custom Arrays	Number of Samples: _____
Extra Arrays*	Number of Samples: _____
Other	Number of Samples: _____
Other	Number of Arrays: _____

*select the array type too

Protocol

WT	WT Pico	miRNA	3'-IVT
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Sample Information

Sample Name	Experimental Group	Volume (ul)	Concentration ng/ul

Email us (genomics@uky.edu) this completed form. In addition, please provide hard copy of this form along with your samples, while submitting.

Submit the samples in 0.2 - 0.5 ml tubes clearly labeled with sample name and date

If any questions, please contact:
UKHC Genomics Core Laboratory
Room # HA629, 800 Rose Street
UK Chandler Hospital
Lexington, KY 40536
Phone: 859-323-5327
Email: genomics@uky.edu

Official Use
Work order Number: _____
Date of Submission: _____