

Functional Genomics Center

Sample Drop-off Form for DNA Processing

*Investigator (PI):		Date:
*Contact Name:	*Phone#:	*Email:
*Account#	Reference# (if needed for billing)	Billing Contact Information:

*Services Requested:
*Species and Sample Type:
*Do samples require DNA Extraction? YES / NO If yes, Type of sample (cell pellet, tissue)?

	*Sample Name	FGC Name (internal use)	DNA Storage Buffer	A260 / 280	Ratio	*Sample Volume (uL)	# [DNA] ug/ul	Quantity (ug)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

* Required field; must be completed.

If you do not have the sample concentration, we will use 1.5ul of your sample for the nanodrop spectrophotometer.