



University of Rochester Functional Genomics Center  
**Microarray Core Facility Sample Registration – SNP**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Lab \_\_\_\_\_ Account # \_\_\_\_\_  
 E-mail \_\_\_\_\_

*\*All fields need to be filled out*

**Chips:**

	DNA Sample #	Tissue Type	Sample Description
	1-8	Lung	tumor
1.			
2.			
3.			
4.			
5.			

**DNA Information:** Delivery date: \_\_\_\_\_ (Date to be filled in at drop off)

	Investigator Sample Name	Core Sample Name	Known Gender M / F	DNA Type	DNA Storage Buffer	A260/280	Ratio	Sample Vol. (uL)	[DNA] ug/uL	Quantity (ug)
	ex.) Test 1			Genomic	dH2O / TE	1.37/0.73	1.89	10.0	0.68	6.8
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

**Core Use ONLY**

minimum=  
250ng

**Note:**

- A<sub>260/280</sub> ratios of 1.8 to 2.1 are acceptable.
- Concentration of DNA Sample = (10 ug/mL x A<sub>260</sub> x dilution factor) / 1000 = ug/ul