

## Functional Genomics Center Bioanalyzer Only Sample Drop-off Form

*Please note this form is ONLY used for samples the FGC will run on the Agilent Bioanalyzer*

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

**Please submit at least 3 uL of sample; 5ul if you don't know the concentration (ng/ul)**

	Sample Name	Sample storage buffer (ddH2O, buffer)	[sample] ng/ul	Volume ul	RNA	Small RNA	DNA	If DNA, size range?
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

**\*Definitions:**

**RNA** -Based on the concentration, we will choose to run samples with either the RNA 6000 Nano Kit (25-500ng/ul) or the RNA 6000 Pico Kit (0.05-25ng/ul)

**Small** -Small RNA Kit; detailed view of 6-150 nt sizes; concentrations of 1-100ng/ul for total RNA and 1-20ng/ul for enriched small RNA

**DNA** -Based on the concentration and size range, we will choose to run samples with either the High Sensitivity DNA kit (50-7000 bp; 5-500pg/ul), DNA1000 (25-1000bp; 0.1-50ng/ul), DNA12000 (100-12000bp; 0.5-50ng/ul)

Different fees may apply; Questions? Call 276-9981 or email [corelab@urmc.rochester.edu](mailto:corelab@urmc.rochester.edu)

<b>For Core Use Only</b>	Comments:
Date Run: Initials:	
Email Results Date: Initials:	
Billing Date: Initials:	