



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

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

*We can analyze RNA integrity for you*

*\*All fields need to be filled out*

Chips:

	Species	Chip Type	RNA Sample #	Sample Type	Sample Description
	ex) Human	U133_Plus_2	1-8	Brain	Hippocampus
1.					
2.					
3.					
4.					
5.					

RNA Information:  
 RNA samples:

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

	Investigator Sample Name	Core Sample Name	RNA Type	RNA Storage Buffer	A260/280	Ratio	Sample Vol. (uL)	[RNA] ug/uL	Quantity (ug)
	ex.) ABC1		Total/PolyA	DEPC	.265/.135	1.96	40.0	1.06	42.4
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

**Core Use ONLY**

maximum= 5ug  
in 11uL

**Note:**

1.  $A_{260/280}$  ratios of 1.9 to 2.1 are acceptable.
2. Concentration of RNA Sample =  $(40 \text{ ug/mL} \times A_{260} \times \text{dilution factor}) / 1000 = \text{ug/ul}$