

UR Genomics Research Center

Sample Drop-off Form for RNA Processing

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

*Services Requested:								
*Species and Sample Type:								
*Do samples require RNA Extraction? YES / NO If yes, type of sample (cell pellet, tissue)? If cell pellet, how many cells? If yes, what lysis buffer (trizol, RLT)? If no, is the RNA Total, polyA or ribosomal depleted mRNA, small RNA? (Total RNA is preferred)								
RNA integrity will be determined for all samples with the bioanalyzer prior to processing.								
	*Sample Name	FGC Name (internal use)	*RNA Storage Buffer	A260/280	A260/230	*Sample Volume (uL)	# [RNA] 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.

