

UR Genomics Research Center

Real-time PCR Sample Drop-off Form

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

*Services Requested:								
*Species and Sample Type (RNA, DNA, or cDNA):								
*Do samples require nucleic acid Extraction? YES / NO If yes, DNA or RNA extraction <ul style="list-style-type: none"> - Type of sample (cell pellet, tissue)? - Lysis buffer (if applicable): If no, is the RNA Total, polyA or ribosomal depleted mRNA, small RNA? (Total RNA is preferred)								
Do the samples require reverse transcription: Yes / No *Requires a minimum of 3ug. If RNA is limiting, alternative methods are available.								
All RNA samples will be run on the Bioanalyzer to determine RNA integrity/quality unless otherwise specified								
	*Sample Name	FGC Name (internal use)	*Storage Buffer	A260/280	A260/230	*Sample Volume (uL)	# [] 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.

Assay to be run:

	Assay	Samples	# replicated per sample
1			
2			
3			
4			
5			

Analysis

Please specify any information about control/experimental groups and comparisons that are needed: