 MRC Personnel Use Only

Number of Samples: \_\_\_\_\_\_\_\_\_\_\_\_ Order ID: \_\_\_\_\_\_\_\_\_\_

Array type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Samples: \_\_\_\_\_\_\_\_\_\_\_\_ Order ID: \_\_\_\_\_\_\_\_\_\_

Array Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Molecular Resource Center

71 S. Manassas St., Suite 110

Memphis, TN 38163

Phone: 901-448-8829

Fax: 901-448-3500

Contact: Lorne Rose

Email: lrose4@uthsc.edu

Completion Date: \_\_\_\_/\_\_\_\_ /­­\_\_\_\_ Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Illumina Microarray Request Form**

|  |  |
| --- | --- |
| Date Request Submitted:       | Principal Investigator:       |
| Contact Person:       | Department:       |
| Contact Phone:       | Account No.:       |
| Contact Email:       |        |
| Type of Chip:       | Species: |
| Authorized Signature: |  |

**\* Label plate with principal investigator’s initials and with submission form**

**NOTE: All samples must be dissolved in TE PH8.0. Samples must be plated in correct orientation and a sample submission form must be submitted. See MRC Staff for plate layout and submission form.** **Samples that fail QC will only be run with investigator’s written permission, and the investigator will be billed for all work associated with samples that fail QC.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\* Sample ID** |  | **Approximate Concentration** |  | **Solvent (Sample Buffer)** |
|       |  |       |  |       |
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