

**YALE CENTER FOR GENOME ANALYSIS – MICROARRAY SAMPLE SUBMISSION FORM**

SHIP TO: YCGA B-36, 300 HEFFERNAN DRIVE, WEST HAVEN, CT 06516; 203-737-3047 (LAB); 203-737-3104 (FAX)

NAME	DATE
NEW USER? <input type="checkbox"/> YES <input type="checkbox"/> NO- YMD USER CODE:	E-MAIL ADDRESS (ONE ONLY) TO SEND DATA
P.I.	BILLING ADDRESS
P.I. E-MAIL ADDRESS	
DEPARTMENT	
INSTITUTION	SHIPPING ADDRESS
TELEPHONE #	

YALE PTAE0 / PURCHASE ORDER #

SPLIT CHARGING? 2<sup>ND</sup> PTAE0

<p><b>SAMPLE TYPE</b></p> <p><input type="checkbox"/> TOTAL RNA (ISOLATED &amp; PURIFIED)</p> <p><input type="checkbox"/> microRNA (ISOLATED &amp; PURIFIED)</p> <p><input type="checkbox"/> LABELED CRNA (PURIFIED)</p> <p><input type="checkbox"/> GENOMIC DNA (ISOLATED &amp; PURIFIED)</p> <p><input type="checkbox"/> HYB MIX</p>	<p><b>SERVICE REQUESTED</b></p> <p><input type="checkbox"/> FULL SERVICE GENE EXPRESSION PROFILING*</p> <p><input type="checkbox"/> NUGEN GENE EXPRESSION PROFILING*</p> <p><input type="checkbox"/> FULL SERVICE SNP GENOTYPING*</p> <p><input type="checkbox"/> METHLYATION*</p> <p><input type="checkbox"/> MICRORNA EXPRESSION PROFILING</p> <p><input type="checkbox"/> HYBRIDIZATION ONLY</p> <p><input type="checkbox"/> SAMPLE QC (SPECTROPHOTOMETRY &amp; BIOANALYZER)</p> <p><input type="checkbox"/> OTHER:</p>	<p><b>PLATFORM</b></p> <p><input type="checkbox"/> AFFYMETRIX</p> <p><input type="checkbox"/> EXIQON</p> <p><input type="checkbox"/> ILLUMINA</p> <p><input type="checkbox"/> NIMBLEGEN</p> <p><input type="checkbox"/> SEQUENOM</p>
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CELL TYPE / EXTRACTION METHOD:

# OF SAMPLES	MICROARRAY NAME (SPECIES AND VERSION #)						PROVIDED BY:	QTY. REC.:		
							<input type="checkbox"/> USER			
							<input type="checkbox"/> FACILITY			
SAMPLE OR PLATE NAME	CONC.	VOL	SAMPLE OR PLATE NAME	CONC.	VOL	SAMPLE OR PLATE NAME	CONC.	VOL		
1			5			9				
2			6			10				
3			7			11				
4			8			12				

**\*THE FACILITY IS NOT RESPONSIBLE FOR ANY SAMPLES THAT FAIL DUE TO INADEQUATE CONCENTRATION OR QUALITY.** We assume ALL samples (including DNA for genotyping & methylation) submitted to us have met the posted recommendations listed on our website for processing. Sample terminated due to poor QC will still be subject to appropriate service charges.

HIC APPROVED PROJECT?

SOFTWARE TUTORIAL REQUESTED. NORMALIZATION METHOD REQUESTED:

ALL SAMPLES MAY BE DISCARDED IF NOT RETRIEVED WITHIN 60 DAYS OF DATA POSTING.

**Sample forms without signatures will not be brought to West Campus. Apologies for any inconvenience.**  
 The samples listed above do not contain any of the following: radioactive material, hazardous chemicals (e.g. DMSO), hazardous biologicals (e.g. infectious agents). If they do, contact EHS @ 785-3550.  
**SIGN & DATE:**