



NimbleGen Processing Request Form

Contact / Billing Information

Contact Name: _____ Billing Contact (External): _____
 Signature: _____ Billing Address (External): _____
 Contact Phone: _____
 Organization: _____ PO Number (External): _____
 PI Name: _____ Project ID (FHCRC): _____
 FRED Account ID/E-mail: _____

Note: This form must be submitted with Hybridization and Scanning request form.

Sample Information

Organism: _____ Extraction Method: _____
 Array Type: _____ Multi-Plex #: _____
 Check one: totRNA for amplification, ds-cDNA synthesis, and Cy dye labeling.
 ds-cDNA for Cy dye labeling.
 Other (identify): _____

PLEASE READ: ** If a phenol-based extraction method is used, steps must be taken to ensure that there is no residual phenol contamination in your sample. Phenol strongly absorbs in the UV and will distort RNA quantitation. Test for phenol: If $A_{230} \approx (1/2)A_{260}$, the sample is ok.

‡ For each totRNA sample provide 4 µg of total RNA and concentrations must be at least 200 ng/µL. For each ds-cDNA sample provide 6 µg of ds-cDNA and concentrations must be at least 400 ng/µL. A fraction (50ng-1 µg) of your sample will be used for QC so plan accordingly. **WE WILL NOT PROCEED WITH YOUR SAMPLES IF THEY DO NOT MEET THE ABOVE REQUIREMENTS.**

Sample ID

10 Alphanumeric Characters Only!

RNA (µg/µL) †

A_{260}/A_{230} ††

	Sample ID	RNA (µg/µL) †	A_{260}/A_{230} ††
Sample 1			
Sample 2			
Sample 3			
Sample 4			
Sample 5			
Sample 6			
Sample 7			
Sample 8			
Sample 9			
Sample 10			