Date of Submission:_____

HealthCare

UKHC Genomics Core Laboratory
Request Form for Miscellaneous Services

Requester Information

Requester Name: _____

PI Name: _____

Department: _____

College/Institution: _____

Email: _____

Phone: _____

UKHC Account #

_____

If UKHC account not established, please email the completed "Genomics Account Creation Form" to genomics@uky.edu. *Samples will not be processed without prior electronic submission of this Request Form.*

Markey Cancer Center Member: ☐Yes ☐No

Service Requested

☐ Bioanalyzer RNA and DNA Quality Assessment Number of Samples: _____
- ☐ RNA Nano chip kit (25 - 500 ng/ul)
- ☐ RNA Pico kit (50 - 5000 pg/ul)
- ☐ DNA 1000 kit (0.1 - 50 ng/ul)
- ☐ DNA HS kit (5 - 500 pg/ul)

☐ TapeStation RNA and DNA Quality Assessment Number of Samples: _____
- ☐ RNA (25 - 500 ng/ul)
- ☐ RNA HS kit (50 - 5000 pg/ul)
- ☐ DNA 1000 kit (0.1 - 50 ng/ul)
- ☐ HS DNA 1000 kit (10 - 1000 pg/ul
- ☐ Genomic DNA

☐ Covaris Sonication Number of Samples: _____
- ☐ DNA
- ☐ ChIP
- ☐ Other Specification: _____

Sample Information (provide an excel file, if needed)

Sample Name/ID	Other Information

Email us (genomics@uky.edu) this completed form. In addition, please provide hard copy of this form along with your samples, while submitting.

If any questions, please contact:

UK HealthCare Genomics Core Laboratory
Room # HA629, 800 Rose Street
UK Chandler Hospital
Lexington, KY 40536
Phone: 859-323-5327
Email: genomics@uky.edu

Official Use

Work order Number: _____

Date of Submission: _____