



# 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](mailto: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)

<b>Sample Name/ID</b>	<b>Other Information</b>

Email us ([genomics@uky.edu](mailto: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](mailto:genomics@uky.edu)

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**Official Use**  
Work order Number: \_\_\_\_\_  
Date of Submission: \_\_\_\_\_