



UKHC Genomics Core Laboratory Microarray Service Request Form

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

Array Type

- ☐ Human Clariom S array
- ☐ Human Clariom D array
- ☐ Mouse Clariom S array
- ☐ Mouse Clariom D array
- ☐ Rat Clariom S array
- ☐ Rat Clariom D array
- ☐ Bovine Gene 1.0 ST array
- ☐ C.elegans Gene 1.0 STarray
- ☐ miRNA array
- ☐ Custom Arrays
- ☐ Extra Arrays*
- ☐ Other
- ☐ Other

*select the array type too

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Samples: _____

Number of Arrays: _____

Protocol

☐ WT☐ WT Pico☐ miRNA☐ 3'-IVT

Sample Information

Sample Name	Experimental Group	Volume (ul)	Concentration ng/ul

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

Submit the samples in 0.2 - 0.5 ml tubes clearly labeled with sample name and date

If any questions, please contact:

UKHC 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: _____