



**Microarray Core Facility Sample Submission Form**

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*Center for Functional Genomics*  
*University at Albany*  
*East Campus, Room 328*  
*One Discovery Drive*  
*Rensselaer, NY 12144-2345*

Principal Investigator\*: \_\_\_\_\_ Date\*: \_\_\_\_\_  
 Institution\*: \_\_\_\_\_  
 Lab. Contact Person\*: \_\_\_\_\_ Contact Phone\*: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_ Contact Fax\*: \_\_\_\_\_  
 Grant No\*.: \_\_\_\_\_ [or] P.O. No\*.: \_\_\_\_\_

**\*All fields need to be filled out**

**\* User must provide RNA gel picture with form**

<b>Project Title:</b>
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RNA information:													Would you like to run a Test3 array?*	Core Sample Name
Sample Number	Sample Name (AB1, AB2 etc)	RNA type (total, mRNA or cRNA)	Conc. (µg/µL)	Volume	Total Amount	A <sub>260</sub>	A <sub>280</sub>	Ratio	Organism	Tissue	RNA Isolation Method			
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

**\* First time users are recommended to try the test array first to determine target quality and labeling efficiency.**

The minimum amount of material necessary is 12 µg total RNA at a minimum concentration of 1 µg/µL for standard protocol. Smaller samples (< 5 µg) will require small sample protocol. OD 260/280 ratios must be between 1.8 - 2.1 for each sample (in 10mM Tris, pH 8.0). RNA will be checked for degradation on Agilent BioAnalyzer. Each sample should be provided in a single 1.5 mL microfuge tube with the initials of the Principle Investigator and a sample number written on the top. Samples that do not meet the above criteria may be assessed an additional RNA set up fee or returned unprocessed. It is recommended that samples be assayed for RNA quality prior to microarray analysis. Investigators are responsible for all costs associated with failed or poor quality reactions caused by poor RNA samples.

<b>Initials</b> _____ <input type="checkbox"/> <b>I have read and understand the above policies</b>
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Sample Number	Sample Description (include any treatment details, indicate controls)	Affymetrix Array Type(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Comparison Instructions	Baseline (ex. AB1)	Experimental (ex.AB2)
Pair 1		
Pair 2		
Pair 3		
Pair 4		
Pair 5		
Pair 6		
Pair 7		
Pair 8		
Pair 9		
Pair 10		
Pair 11		
Pair 12		

**Special Instructions**

CFG Microarray Facility use only:	
Customer ID#	
Array ID #	
Date Recv'd	
Recv'd by:	