



FHCRC GENOMICS RESOURCE
 DNA ARRAY LABORATORY
 1100 FAIRVIEW AVE N, DE-740
 SEATTLE, WA 98109

Date: _____

GENOMIC DNA LABELING FOR ACGH REQUEST FORM

Contact Information

Name: _____
 Organization: _____
 E-Mail: _____
 Phone: _____
 PI Name: _____

Billing Information

Billing Contact: _____
 Purchase Order # (External) _____
 Program # (FHCRC) _____

Sample Information

Organism/Chip Type: _____ Extraction Method: _____

Choose One: DNA Type (digested or undigested)

	Sample ID	DNA ($\mu\text{g}/\mu\text{L}$)	A_{260}/A_{280}
Chip 1	Cy3:		
	Cy5:		
Chip 2	Cy3:		
	Cy5:		
Chip 3	Cy3:		
	Cy5:		
Chip 4	Cy3:		
	Cy5:		
Chip 5	Cy3:		
	Cy5:		
Chip 6	Cy3:		
	Cy5:		
Chip 7	Cy3:		
	Cy5:		
Chip 8	Cy3:		
	Cy5:		
Chip 9	Cy3:		
	Cy5:		