



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

Date: _____

RNA Amplification Request Form

Contact Information

Billing Information

Name: _____ Billing Contact: _____
 Organization: _____ Purchase Order # (External) _____
 E-Mail: _____ Program # (FHCRC) _____
 Phone: _____
 PI Name: _____

Sample Information

Organism/Chip Type: _____ Extraction Method*: _____
 RNA Source: _____

*If a phenol-based extraction method is used, steps must be taken to ensure that there is no residual phenol contamination in your sample. Phenol strongly absorbs in the UV and will distort RNA quantitation. Test for phenol: If $A_{230} \approx (1/2)A_{260}$, the sample is ok.

	Sample ID	RNA ($\mu\text{g}/\mu\text{L}$) [‡]	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:		

[‡]For each amplification, provide 0.250-4 μg of total RNA or 0.100-0.500 μg of polyA+ RNA. Sample concentrations must be at least 100 ng/ μL . A fraction (50ng-1 μg) of your sample will be used for QC so plan accordingly. **ADDITIONAL CHARGES WILL APPLY WHEN SAMPLES DO NOT MEET THE ABOVE GUIDELINES.**