

Plataforma Affymetrix® de Microarrays: Sample delivery form

User name	
Principal investigator	
Project reference	
Research group and institution	
Contact information	E-mail: _____ Phone number: _____
Service description	

	Sample name <small>(please use same name in tube labels)</small>	Sample source	Sample type		Volume (µL)	Concentration (ng/µL)	Solvent	Return (R) or Discard (D)	Service Code
			gDNA	Total RNA					
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Comments: Sample source and condition, extraction method, DNase or RNase treatment,...

Principal investigator signature	Plataforma Affymetrix de Microarrays acceptance signature
Date: _____	Date: _____

* All analyses performed in the Plataforma Affymetrix® de Microarrays are for research purposes only.