



Plataforma Affymetrix® de Microarrays: Service request

User name	
Principal investigator	
Project reference	Please indicate budget number or name for billing purposes
Research group and institution	
Contact information	E-mail: _____ Phone number: _____
Service description	

PROJECT INFORMATION

Title	
Principal investigator	

Type of sample	<input type="checkbox"/> Fresh sample	<input type="checkbox"/> FFPE sample
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Expression arrays	Units	Genomic arrays	Units
Human <input type="checkbox"/> Human Gene 2.0 ST <input type="checkbox"/> Human Transcriptome 2.0 <input type="checkbox"/> Clariom S <input type="checkbox"/> Clariom D <input type="checkbox"/> miRNA 4.0 Array Mouse / Rat <input type="checkbox"/> Mouse / Rat Gene 2.0 ST <input type="checkbox"/> Clariom S <input type="checkbox"/> Clariom D		<input type="checkbox"/> CytoScan 750K <input type="checkbox"/> CytoScan HD <input type="checkbox"/> Cytoscan Xon <input type="checkbox"/> OncoScan CNV	
		Data Analysis	Units
		<input type="checkbox"/> Data analysis for genomic arrays	
		Quality and Quantity Sample Analysis	Units
		<input type="checkbox"/> Quantification Nanodrop ND-2000 <input type="checkbox"/> DNA: Agarose Gel <input type="checkbox"/> DNA: Purification <input type="checkbox"/> RNA: Bioanalyzer 2100	
		<input type="checkbox"/> Other: specify	

ACCEPTANCE

Principal investigator signature	<i>Plataforma Affymetrix® de Microarrays acceptance signature</i>
Date:	Date:
Quotation number	Quotation acceptance date

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