Office Use Only: _____

Sample Submission Form

Gene Therapy Microarray Core and Genome Bioinformatics Core
533 Bolivar Street, Room 537
New Orleans, LA 70112
Phone: (504) 568-4552 Fax: (504) 568-8500

Date:_____

Name of Principal Investigator: _____

Name of person requesting service (if different): _____

Lab Phone Number: _____

Email: _____

Billing Account Number: _____

Service Type and Cost:

A. RNA QC	$121.69 per RNA chip (12 RNA samples)
B. RNA QC and Sample Prep QC	$165.45 per 2 RNA chips
C. Sample Prep	$131.27 per sample
D. Hybridization and GeneChip Scanning	$129.29 per sample
E. Minimal service (C, D) exclude data analysis	$260.56 per sample x # of samples
F. Complete service (B, C, D) exclude data analysis	$165.45 plus $260.56 x # of sample

Service (A, B, C, …)	Sample Name/Tube ID	RNA Prep Method	Stage (RNA, cRNA)	Conc (ug/uL)	Array Type

Additional Comments/ Instructions: