



CIB Genomics Core Lab
Affymetrix Sample Submission Form

Date: _____

PI Name: _____

Contact: _____

Department _____

UMC _____

E-mail: _____

Phone: _____

Ninglin Yin, Genomics Group Leader
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 4700 Old Main Hill
 Logan, UT 84322-4700
 (435)797-8218 or (435)760-3688
 Fax: (435)797-2766
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Billing Questions:
 Sue McCormick (435) 797-7510

Lab Use Only	
Date Received:	_____
Date Finished:	_____
Number of Chips Used:	_____
Price Per Chip:	_____
Total Cost:	_____

Method of Payment
 On-campus payment: OCC# _____

Off-campus payment options:
 Credit Card (we will contact you)
 Purchase Order # _____

PI Signature: _____

Project details:		Circle according to your sample:		
1. Name: _____	5. Sample Type	6. Details	7. Services:	
2. Species: _____	Eukaryote	tRNA	___ Full Service (includes QC, labeling, hybrid....)	
3. Array name: _____ P.N: _____	Prokaryote	cDNA	___ Minimal Service (hybrid., wash, scan only)	
4. Other: _____		other		

SAMPLE NAME (as on tube)	Sample type	Concent. (ng/μl)	Total Volume (μl)	260/280 ratio	260/230 ratio	Notes
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						