In:_____
Out:_____

GeneChip Analysis Order Request

UC Berkeley Functional Genomics Laboratory
Phone:510.642.1165; Fax: 510.642.1219

Item marked with * are required for submission.

*Date: _____

*Requestor:_____ *Phone/email: _____

*P.I.:_____ *Dept.:_____

* Administrator of chart string email and phone #:_____

*Recharge account #:_____

***Chip Source:** (please specify name of chip) _____

#	*Sample Name	db ID	*Conc. {ug/ul} purified total RNA	*Conc. Unfrag cRNA	*$A_{260/280}$ unfrag. cRNA	*Conc. [ug/ul] of frag. cRNA

*QC of purified biotinylated cRNA, unfragmented and fragmented, on agarose gel/bioanalyzer. Please attach to form.

Notes / special instructions:

Send request to:
Functional Genomics Laboratory, UCB
Attention: Vivian Peng
UC Berkeley
255 LSA
Berkeley, CA 94720

For Office Use Only:
Recharge account: _____
On-campus rate: _____ X $63= _____
Off-Campus Rate: _____ X $96= _____

Total: _____
Financial Journal #_____date_____