

DDRCC Functional Genomics Core Facility

Request for Service

Investigator: _____ Date: _____
 Campus Box: _____ Phone: _____ Fax: _____ E-mail: _____
 Date of Request: _____

Membership: Full Associate Pilot & Feasibility Affiliate Other, explain _____

Summary/title of project:

Funding Source: _____ PI: _____
 Contact person for billing: _____ Phone number: _____

Generation of Labeled target from user supplied RNA:
 Source of the RNA: _____ Method used for isolation: _____
 Total RNA or purified mRNA _____
 Concentration _____ Total volume _____
 Quality of the RNA by gel analysis _____

Slide hybridization, washing, and scanning:

P.I. Signature: _____

FOR CORE USE ONLY

Arrays used	RNA sample	fluorophore	label method	hyb cond.	wash cond.	scanner settings

Genomics Core Director	Phone #	Fax #	E-mail
Brian Dieckgraefe, M.D.-Ph.D.	747-4059	362-8959	dieck@im.wustl.edu
William Stenson, M.D.	362-8952	362-8959	wstenson@im.wustl.edu
Qingqing Gong, Ph.D.	362-6937	362-8959	qgong@im.wustl.edu

Please return completed form to: Brian Dieckgraefe, M.D.-Ph.D., Director
 DDRCC Functional Genomics Core Facility
 Campus Box 8124