

## ACRF Centre for Cancer Genomic Medicine

### Agilent Bioanalyzer Request Form

Name	Date Ordered
<hr/>	
Institute and group	
<hr/>	
Address	
<hr/>	
Email	Phone
<hr/>	
Fund	Authorising signature
<hr/>	

#### Service Required

RNA	Qualitative Range	Samples per chip
<input type="checkbox"/> RNA 6000 Nano	30-500ng/μl (total)	12
<input type="checkbox"/> RNA 6000 Pico	50-5000pg/μl (total)	11
<input type="checkbox"/> Eukaryotic or <input type="checkbox"/> Prokaryotic or <input type="checkbox"/> Insect		
<input type="checkbox"/> Total RNA or <input type="checkbox"/> messenger RNA		

DNA	DNA Sample Type		
	Sizing Range		
<input type="checkbox"/> DNA 1000	25-1000bp	10-50ng/μl	12
<input type="checkbox"/> High Sensitivity DNA	50-7000bp	50-500pg/μl *	11
<input type="checkbox"/> Genomic DNA (Tape Station)	10-100ng/μl		15 (+ladder)

Sample submission - 2μl in appropriate range

Special Instructions

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Office use only

- Sample receipt checked                       Processing  
 Quality Control Check                       Data Transfer

Please include the estimated concentration for each sample:

Sample No.	Sample Name	ULN	
		Nanodrop Reading ng/ul	Well Position
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

If you have more than 12 samples, please fill in the second table:

Sample No.	Sample Name	ULN	
		Nanodrop Reading ng/ul	Well Position
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**NB. Sample number depends upon Chip Type**