

**KECK MICROARRAY RESOURCE – GENOME ANALYZER SAMPLE SUBMISSION FORM**

SHIPPING ADDRESS: KECK MICROARRAY FACILITY, 300 GEORGE STREET, SUITE 2110, NEW HAVEN, CT 06511  
203-785-7869 (LAB) 203-785-7919 (FAX)

NAME	DATE
NEW USER? <input type="checkbox"/> YES <input type="checkbox"/> NO- YMD USER CODE:	E-MAIL ADDRESS (ONE ONLY) TO SEND DATA
P.I.	SHIPPING ADDRESS
DEPARTMENT	
INSTITUTION	BILLING ADDRESS
TELEPHONE #	

YALE PTAE0 / PURCHASE ORDER #

NINDS? PROJECT TITLE (REQUIRED FOR ALL NINDS PROJECTS):

SAMPLE TYPE  <input type="checkbox"/> RNA  <input type="checkbox"/> DNA  <input type="checkbox"/> LIBRARY	SERVICE(S) REQUESTED  <input type="checkbox"/> DIGITAL GENE EXPRESSION <b>CIRCLE ONE:</b> NIAIII OR DPNII <input type="checkbox"/> DNA <b>CIRCLE ONE:</b> GENOMIC OR ChIP-ENRICHED OR BISULFITE-TREATED <input type="checkbox"/> WHOLE TRANSCRIPTOME PROFILING <input type="checkbox"/> SMALL RNA QUERYING <input type="checkbox"/> CLUSTER GENERATION & INCORP. <b>CIRCLE ONE:</b> 18 OR 36 OR 50 OR 75 BASES <input type="checkbox"/> INCORPORATION ONLY <b>CIRCLE ONE:</b> 18 OR 36 OR 50 OR 75 BASES <input type="checkbox"/> RUN PHIX-174 CONTROL LANE? <b>CIRCLE ONE:</b> YES OR NO <input type="checkbox"/> OTHER:
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NUMBER OF SAMPLES		BACKUP PROVIDED BY: QTY. <input type="checkbox"/> USER <input type="checkbox"/> FACILITY
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SAMPLE NAME	CONC.	REFERENCE GENOME	SAMPLE NAME	CONC	REFERENCE GENOME.
1			2		
3			4		
5			6		
7			8		

- HIC APPROVED PROJECT?
- ALL SAMPLES MAY BE DISCARDED IF NOT RETRIEVED WITHIN 60 DAYS OF DATA POSTING.
- ALIGNMENT REQUESTED (PHAGE ALIGN, ELAND, ELAND EXTENDED):
- SAMPLES TERMINATED DUE TO POOR QC WILL STILL BE SUBJECT TO APPROPRIATE SERVICE CHARGES.
- ALL IMAGES AND OUTPUT STREAMS WILL BE DELETED IN 30 DAYS. USER IS RESPONSIBLE FOR DATA.**

**INTERNAL USE BELOW - PROJECT PROGRESS AND NOTES**

NOTES:	POST SAMPLE PROCESSING CHECKLIST	COMPLETED
	DATA PROCESSING	
	DATA COMPRESSED/BACKUP	
	INVENTORY RECORDED	
	BILLING ENTERED	