

Sample Submission Sheet for Microarray Services

Please fax or send by e-mail to
 ATLAS Biolabs GmbH | Friedrichstraße 147 | 10117 Berlin
 F +49 (0) 30/3 19 89 66-19 | microarrays@atlas-biolabs.com

Client

Company / Institute	Department	Address
Contact Person	Account	Order Number
Phone	Fax	E-mail

Samples

Number of Samples	Species	Comments
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Service Type

Affymetrix EXP	Agilent EXP, 1-Color	Sequenom: SNP Genotyping
Affymetrix SNP	Agilent EXP, 2-Color	Sequenom: OncoCarta Panel
Illumina EXP	Agilent CGH	Sequenom: Methylation
Illumina SNP	RainDance Sequence Enrichment	NimbleGen Sequence Capture
Other		

Sample Type

Total RNA	biotin-cRNA, fragmented	mRNA
DNA	biotin-cRNA, non-fragmented	Other

To be completed by ATLAS Biolabs

Date of receipt	Unpacked and stored by	Comments
Package damaged no yes	Samples frozen yes no	Number and identity of samples as stated by customer different from specification

Samples

No.	Sample name (max. 10 characters)	Conc. [ng/ μ l]	Volume [μ l]	OD 260/280	OD 260/230	Chip type to be hybridized Further comments

Data analysis options

Affymetrix EXP, pairwise (GCOS) (Specify pairs on separate sheet / Example: sample A vs. sample B)	Affymetrix EXP, groupwise (Specify groups on separate sheet)	Agilent EXP, groupwise (Specify groups on separate sheet)
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