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**Illumina Iscan Sample Submission Form**

**University of Colorado Anschutz Medical Campus**

Please complete this form before submitting samples at the UC Genomics and Microarray Core. We cannot accept samples unless accompanied by this form.

## Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PI Name |  | PI Email |  | | |
| Post Doc/Student/Tech |  | Email |  | | |
| Institution |  | Phone |  | | |
| Address |  | | | | |
| City |  | State |  | Zip Code |  |

## Experiment and Sample Information

* 1. **Array information. Please select Illumina Array Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Hu Omni 2.5 Quad v1.0**  **(16 sample min)** | |  | |
|  | **Hu Omni 5 DNA analysis (16 sample min)** | |  | |
|  | **Hu Methylation 850K DNA (16 sample min)** | |  | |
|  | **Hu HT 12 v4 Expression (24 sample min)** | |  | |
|  | **MouseWG-6 v2.0 Expression (12 sample min)** | |  | |
|  | **Golden Gate Universal (96 sample min) ImmunoArray-24v2 (48 sample min** | |  | |
|  | **Mouse 430 2.0** | |  | |
|  | **Rat Gene 2.0** | |  | |
|  | **Rat Gene 1.0** | |  | |
|  | **miRNA 3.0** | |  | |
|  | |  | |
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* 1. **Sample information**

|  |  |
| --- | --- |
| **1** | Sample names and concentration (if available) in the box below.(Add more rows if needed) |

|  |  |  |
| --- | --- | --- |
| Sample Name | Concentration | RIN |
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* 1. **Data analysis/bioinformatics options**

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| --- | --- | --- | --- | --- | --- |
|  | On our own | | | | |
|  | By a designated bioinformatician | | | | |
|  |  | Bioinformatician Name: |  | Email: |  |
|  | By UCD Bioinformatics Core | | | | |

## Payment Information

**3.1 University of Colorado Faculty**

|  |  |
| --- | --- |
| Speed Type | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CCTSI or Cancer Center Member | \_\_\_Yes \_\_\_No |

**3.2 Not Affiliated with the University of Colorado**

|  |  |
| --- | --- |
|  | Payment by Check |
|  | Payment by wire transfer (we cannot accept credit cards) |

## Sample Drop off or by Shipping

Email or call to schedule a time for sample drop off.

|  |  |  |
| --- | --- | --- |
| Contact | Okyong Cho | [Okyong.Cho@ucdenver.edu](mailto:Okyong.Cho@ucdenver.edu); [Microarray.core@ucdenver.edu](mailto:Microarray.core@ucdenver.edu)  (303) 724- 3367 |
| Hours of operation for sample drop off | 9:00am to 4:00pm  Monday – Friday, excluding university holidays. | |
| Location/ Shipping Address | Genomics and Microarray Core  University of Colorado Anschutz Medical Campus  12700 E. 19th Ave  Bldg: RC-2, Room 9400  Aurora, CO 80045 | |

## Required Signatures

Please have both the Principle Investigator (PI) that will be paying for the Sequencing Services and the Research/Technician/Student/ Post-Doc preparing the samples sign below acknowledging that all of the information provided on the form is correct. Signature of this form acknowledges that the PI and Technician/Student/Post-Doc have agreed to all sample submission, quality, quantity, project scheduling, and researcher financial responsibility requirements. Signature of this form authorizes the UC Genomics and Microarray Core to order all consumables necessary for the researcher’s sequencing project and confirms that the PI is financially responsible for items ordered for their project and all labor cost associated with the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Principle Investigator Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Technician/Student/Post-Doc Signature |  | Date |  |