AFFYMETRIX or Illumina Sequencing Service Request Form

University of Pittsburgh, School of Medicine, Department of Pathology
High Throughput Genome Center, Scaife Hall A722
3550 Terrace St., Pittsburgh PA 15261
Phone: 412-648-8791 Fax: 412-648-5997
Email: luoj@msx.upmc.edu

PI Name: (Last Name, First, MI)	**Submitter Name: (Last Name, First, MI)**	**Date:**
Department:	**Lab Phone:**	**Email:**

University 32 digit Account No.:

Sample Name	**Sample Type (Tissue, cell, or RNA)**				**Chip /Sequencing Requested**	**Service Type**		**Report Date**
	Tissue	**Cells**	**Total RNA**					
	Weight	**Number**	**Trizol Prep. µg/µl, vol (µl)**	**RNeasy Column Purified µg/µl, vol (µl)**		**cRNA Labeling &Frag.**	**Hybrid. & Scan**	

Note: Sample will not be processed without valid account number.