

Affymetrix Array Service Request Form

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High-throughput Genome Center
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PI Name: (Last Name, First, MI)	Sample submitter name: (Last Name, First, MI)
Department:	Lab Phone:
Contact Name:	Contact Email:
University 32-digit Account Number:	Date:

Sample Name	AFFYMETRIX Service Types										Bioinfo& Biostat collabora tion request	
	GeneChip Genome-Wide <u>Expression Array</u>					Genotyping or SNP Array						
	Acceptable Sample Type		Array Types				Acceptable Sample Types		Array Types			
	Tissue (frozen) >0.1g	Cell Pellet (frozen) >6x 10 ⁶	Human	Murine	Rat	Others	Tissue or Cell pellet (enough for genomic DNA >500 ng)	DNA >500ng	Cyto Scan HD	Human SNP Array 6.0		Others

Note: 1) Sample will not be processed without valid account number;
 2) Bioinformatics and biostatistics analyses are for collaboration only. Recognition of the participants and leaders of High Throughput Genome Center as co-authors in the resulting publication(s) from such analyses is essential and appreciated.