



### Medical Genomics Research Department

## Service Request Form

Code	Time	Date	Research Protocol Name	Research Protocol No.
PI Name		Contact No	Sample Reference No.	Number of samples
Badge	Pager	Delivered by	Received by	Type of sample
Consent form signed by patient: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			PI signature:	
<b>EXPERIMENT</b>			<b>TECHNOLOGY</b>	
<b>Extraction</b> <input type="radio"/> Human <input type="radio"/> Cell line <input type="radio"/> Other _____			<input type="radio"/> DNA <input type="radio"/> RNA	
<b>PCR</b> <input type="radio"/> Gene(s) Name <input type="radio"/> Primers Provided <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="radio"/> Standard PCR <input type="radio"/> qPCR (Taqman) <input type="radio"/> Multiplex PCR <input type="radio"/> qPCR (syberGreen)	
<b>DNA Sequencing</b> <b>(PCR Gel Picture needed)</b> <input type="radio"/> Gene(s) Name: <input type="radio"/> PCR (Primers Provided) <input type="radio"/> Ready Plate <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="radio"/> 3730 xL DNA Analyzer	
<b>Next Generation Sequencing</b> <input type="radio"/> Whole Genome <input type="radio"/> Transcriptome <input type="radio"/> Whole Exome <input type="radio"/> Gene Panels (Specify) <input type="radio"/> tDNA <input type="radio"/> Other _____			<input type="radio"/> SOLiD 5500 <input type="radio"/> Ion Proton <input type="radio"/> Ion Torrent (PGM)	
<b>MicroArray</b> <input type="radio"/> DNA <input type="radio"/> RNA (Gene panels)			<input type="radio"/> CytoScan HD <input type="radio"/> 3'IVT <input type="radio"/> Human exon <input type="radio"/> miRNA <input type="radio"/> Human Gene	
<b>Cell Culture and Cell Storage:</b> <input type="radio"/> Type of Cells <input type="radio"/> Western Blot <input type="radio"/> Cell Line <input type="radio"/> ELISA			<input type="radio"/> Flask T25 cm <input type="radio"/> Flask T150 cm <input type="radio"/> Flask T75 cm <input type="radio"/> CryoFreeze Tube <input type="radio"/> Other _____	
<b>FOR OFFICIAL USE ONLY</b>				
<b>PI approval</b>		<b>BN</b>	<b>Date</b>	<b>Signature</b>
<b>Chairman approval</b>		<b>BN</b>	<b>Date</b>	<b>Signature</b>

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