

NanoString nCounter

Service Request Form

Instructions

Please contact D.J. Doss, David Pollock or Erika Thompson in the ATGC for a consultation appointment before submitting samples. (djdoss@mdanderson.org, dpollock@mdanderson.org or ejthomps@mdanderson.org). ATGC telephone: 713-834-6199.

All samples should be accompanied by a printed and signed version of the completed Service Request Form. The ATGC is located in BSRB Room S15.8425.

For ATGC Use Only

Project ID: _____ Date Received: _____ Log #: _____

Contact Information (Please Print)

User: _____ User Email: _____ User Phone: _____

Project Information

Assay kit (panel) requested: _____

Sample Type (Check One): FFPE DNA FFPE RNA Genomic DNA Total RNA

Cell Lysate Cells (_____ per ml) Other (please specify) _____

Number of Samples: _____ Are there custom probes to be added to the kit? Yes or No

Did you use Low Input Amplification Kit? Yes or No If yes, were they denatured? Yes or No

Please list sample names (use an additional sheet if necessary): _____

Accounting Information

Authorized Signature: _____

(Department Administrator or Authorized Financial Designee Only)

Authorized Signature (Printed): _____

Lab PI Name (Please Print): _____

Department: _____

ResourceOne Accounting Chartfields (Please Print):

Expiration Date: _____

Dept ID (6 digits): _____ Fund Group (2 digits): _____ Fund (6 digits): _____ Fund

Type (2 digits): _____

*For grant accounts only: *PCBU (5 letters): _____ *Project (6 digits): _____

*Activity (4 digits): _____