**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: ____________________________


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

*Activity (4 digits): _____________