

# Bio-Rad Droplet Digital PCR

## Service Request Form

### Instructions

Completely fill out both pages of the Service Request Form and email to *ddPCRSubmissions* and DJ Doss (*djdoss@mdanderson.org*) **BEFORE** bringing the plate. Enter sample details using the *Plate Layout Sheet* (available on ATGC's website). **Only one Experiment type and one Supermix type allowed per submission.** All samples should be accompanied by a printed and signed version of the completed Service Request Form and completed Plate Layout Form. The ATGC is located in BSRB Room S15.8425. **Users must schedule an appointment to drop off reaction plates.**

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### For ATGC Use Only

Project ID:

Received:

Log number:

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### Contact Information

Principle Investigator:

Department:

Phone:

User:

User Email:

### Project Information

#### ddPCR Experiment Type

Absolute Quantification (ABS)

Rare Event Detection (RED) Copy

Copy Number Variation - Haploid (CNV1)

Number Variation - Diploid (CNV2)

Gene Expression (GEX)

#### Supermix Type:

ddPCR Supermix for Probes (no dUTP)

QX200 ddPCR EvaGreen Supermix

Total No. of Reactions:

Dye (FAM/HEX, FAM/VIC,  
EvaGreen, Other):

Annealing Temperature:

#### Cycling Conditions:

Please provide the exact cycling conditions, usually found with the product insert of the primers and probes.

## **Billing Information**

<u>Dept ID</u> <i>(6 digits)</i>	<u>Fund Gp</u> <i>(2 digits)</i>	<u>Fund</u> <i>(6 digits)</i>	<u>Fund Type</u> <i>(2 digits)</i>	<u>PCBU</u> <i>(5 letters)</i>	<u>Project</u> <i>(6 digits)</i>	<u>Activity</u> <i>(4 digits)</i>
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Authorized Signature\*\*:

\*\* (Dept. Administrator or Authorized Financial Designee Only)

Authorized Signature (printed):