

# 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): \_\_\_\_\_