 Agilent Microarray Request Form

User Name: Lab Name: Account # Quote#

Date: Email address: Phone: Address:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Array** | **Dye** | **Sample Name** | **Total amt. (ug)** | **Total vol (uL)** | **Array type or AMADID** | **BMC use** |
| 1 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |
| 2 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |
| 3 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |
| 4 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |
| 5 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |
| 6 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |
| 7 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |
| 8 | Cy3 |  |  |  |  |  |
| Cy5 |  |  |  |  |

**BioMicro Use Only**

**Date Completed\_\_\_\_\_\_\_\_\_\_ Total Arrays Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Charge back $\_\_\_\_\_\_\_\_\_\_\_\_ Database Tracking Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_**