



# NEXT-GENERATION SEQUENCING FACILITY

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## BIOANALYZER SERVICES

|  |                      |   |
|--|----------------------|---|
| Name                                   | <input type="text"/> | <b>Office Use Only</b><br>Date Received<br><br><input type="text"/> |
| Faculty / Department                   | <input type="text"/> |   |
| Phone                                  | <input type="text"/> |   |
| Cost Centre/Fund or Purchase order No. | <input type="text"/> |   |
| Email                                  | <input type="text"/> |   |

|  |                                |   |  |
|--|--------------------------------|---|--|
| <b>SAMPLE TYPE</b><br><br>Protein<br>PCR product(s)<br>cDNA<br>Other | Total RNA<br>mRNA<br>Small RNA | <b>SAMPLE SOURCE</b><br><br>Prokaryotic<br>Eukaryotic | <b>RESULTS</b><br><br>Text report (PDF)<br>Raw data (Text/CSV/XLS)<br>Raw data (Agilent XAD)<br>Agilent Expert Software CD<br>(Additional cost - \$5.00) |
|--|--------------------------------|---|--|

**NOTES:**

|    | Sample Name | Concentration (ng/uL) | Volume (uL) | Chip type |
|----|-------------|-----------------------|-------------|-----------|
| 1  |             |                       |             |           |
| 2  |             |                       |             |           |
| 3  |             |                       |             |           |
| 4  |             |                       |             |           |
| 5  |             |                       |             |           |
| 6  |             |                       |             |           |
| 7  |             |                       |             |           |
| 8  |             |                       |             |           |
| 9  |             |                       |             |           |
| 10 |             |                       |             |           |
| 11 |             |                       |             |           |
| 12 |             |                       |             |           |