



The Center for Genomic Technologies.

RNA sample submission form for bioanalyser

Please print the complete the sample(s) information

Date and time: _____

Sender (last, first Name): _____

Head of the group (PI): _____

E-mail address: _____

Phone: _____

Type of Assay:

RNA

Kit: Nano RNA <input type="checkbox"/>	Pico RNA <input type="checkbox"/>	Small RNA <input type="checkbox"/>
Source: Prokaryotic <input type="checkbox"/>	Eukaryotic <input type="checkbox"/>	

DNA

Kit: DNA 1000 <input type="checkbox"/>	DNA High Sensitivity <input type="checkbox"/>
Expected size: _____	

Comments: _____

Sample	Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	