



Sample Name	Volume (µL)	Concentration (ng/µL)	260/280 Ratio	260/230 Ratio	Measurement Method (NanoDrop, Spec, etc.)	Method of Extraction (Qiagen RNeasy, Trizol, etc.)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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**Sample Drop-Off**

The UB Genomics and Bioinformatics Core is open for sample drop-off Monday-Friday 10:00 am - 4:00pm. Please call ahead or schedule an appointment to make sure that a technician will be available to accept your samples as we are often busy working on other projects. Samples should be brought to the UB-GBC (B3-123) at the New York State Center of Excellence in Bioinformatics and Life Sciences Building (CBL) located at 701 Ellicott Street in Buffalo, NY 14203. There is a receptionist at the entrance of the CBL who will be able to let you in the building and contact us to let us know that there is a researcher dropping off samples. Alternatively, samples can be shipped overnight on dry ice to the below address, but please email or call to let us know to expect the sample shipment.

**Required Signatures**

Please have both the Principle Investigator (PI) that will be paying for the Affymetrix Services and the Research Technician/Student/Post-Doc preparing the samples sign below acknowledging that all of the information provided on the form is correct. Signature of this form acknowledges that the PI and Technician/Student/Post-Doc have read the UB Genomics and Bioinformatics Core Affymetrix Services Document and agree to all sample submission, quality, quantity, project scheduling, and researcher financial responsibility requirements. Signature of this form authorizes the UB Genomics and Bioinformatics Core to order all consumables necessary for the researcher's Affymetrix project and confirms that the PI is financially responsible for items ordered for their project and all labor cost associated with the project.

**Principle Investigator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Technician/Student/PostDoc Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact Information**

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<p><b>UB Affymetrix GeneChip Services Core Use Only</b></p> <p>Technician receiving samples:</p> <p>Date Received:</p> <p># of Samples:</p> <p>Sample Location:</p> <p>Comments:</p>
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