

FLORIDA ATLANTIC UNIVERSITY
DIVISION OF RESEARCH
DNA Core Facility
RT-PCR SERVICES REQUEST FORM

Please fill out all information requested to ensure proper processing of your sample. Complete one form per sample for microarray testing. Contact Martha Keegan at mkeegan@fau.edu or call 561-297-4263 to arrange for sample delivery and scheduling.

Contact information:

Additional contact information:

Principal Investigator: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Billing information: Internal to FAU _____ External to FAU _____ PO number _____

RT-PCR information: Primers may be supplied by the investigator as HPLC purified oligonucleotides at a concentration of 25 uM in nuclease free water (minimum of 10 ul). Total RNA may be supplied by the investigator with the following requirements: 5 ug / sample ; Minimum concentration of 0.25ug/ul ; An A260/A280 ratio between 1.8-2.1 ; Gel image or equivalent

Primer Synthesis Requested: _____ **Contact the core facility for information relating to sequence submission for primer design.**

LC Housekeeping Gene Set: _____ 2-Microglobulin (β 2M) _____ Glucose-6-phosphate dehydrogenase (G6PDH)
 _____ 5-aminolevulinate synthase (ALAS) _____ Porphobilinogen deaminase (PBGD)
 _____ Hypoxanthine-guanine phosphoribosyltransferase (HPRT)

Sample Name	1)	2)	3)	4)	5)	6)
Total RNA prep	___ Yes	___ Yes	___ Yes	___ Yes	___ Yes	___ Yes
	___ No	___ No	___ No	___ No	___ No	___ No
Concentration RNA supplied						
A260/A280						
Specific Gene Primer ID Forward						
Specific Gene Forward Primer concentration						
Specific Gene Primer ID Reverse						
Specific Gene Reverse Primer concentration						
Expected PCR fragment size (bp)						

Attach gel picture of RNA quality or equivalent.