

Sample Intake Form

Individual Measurements

This form needs to be provided as hardcopy for sample drop off and as copy by e-mail !			
Contact name:		Phone:	
E-Mail address:			
Billing Address:		Cost center / accounts/ BD Fonds Number:	

No. of samples:		Date:	
Material RNA DNA Other	Please specify (if relevant):		Retour: Samples will be discarded after 14 days
Service	Specifications		
RNA Quality Control	Determination of concentration and RIN-Value		
Tapestation:	RNA	RNA HS	
	D1000	HS D1000	gDNA D5000 HS D5000
Bioanalyzer:	small RNA		
BioRad CFX 384:	Protocol name:		Dropbox
	Plate layout: Read whole plate		Dropbox
Nanodrop:			

Please **send a digital sample sheet with** existing info **or add a hardcopy to this sheet.**
Send to coregenomik@uni-muenster.de

Costumer comments and remarks:

To be filled by CoreFacility staff

Sample receipt:		By:	
Storage:			
Processed:		By:	
Comments and remarks:			