

Sample Intake Form

Individual Measurements

This form needs to be provided by e-mail to core.genomics@uni-muenster.de!			
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 D1000	RNA HS HS D1000 gDNA D5000 HS D5000
Bioanalyzer:		small RNA	
BioRad CFX 384:		Protocol name: Plate layout: Read whole plate	Dropbox Dropbox
Nanodrop:			

Please **send a digital sample sheet with** existing info **to core.genomics@uni-muenster.de.**

Costumer comments and remarks:

To be filled by CoreFacility staff

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