

# 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:		<b>Cost center / accounts/ BD Fonds Number:</b>	

<b>No. of samples:</b>		<b>Date:</b>	
<b>Material</b>	RNA DNA Other	Please specify (if relevant):	<b>Retour:</b> Samples will be discarded after 14
<b>Service</b>		<b>Specifications</b>	
RNA Quality Control		Determination of concentration and RIN-Value	
Tapestation:	RNA	RNA HS	
	D1000	DNA HS	gDNA
Bioanalyzer:	RNA Pico	DNA HS	
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](mailto:coregenomik@uni-muenster.de)**

Customer comments and remarks:

## To be filled by CoreFacility staff

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