

# Sample Intake Form

## Individual Measurements

This form needs to be <b>provided</b> as hardcopy <b>for sample drop off</b> and as <b>copy by e-mail</b> !			
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 days
<b>Service</b>		<b>Specifications</b>	
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 **or add a hardcopy to this sheet.**  
**Send to [coregenomik@uni-muenster.de](mailto:coregenomik@uni-muenster.de)**

Costumer comments and remarks:

### To be filled by CoreFacility staff

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