

**Affymetrix Genomics Facility**  
**University of North Texas Health Science Center**  
**Sample Submission Form**

Name	Date
E-mail	Telephone No.
Principal Investigator	
Institution	Department
Billing Address/Building and Room	Shipping Address

Service	QTY
<input type="checkbox"/> 1. Total RNA <input type="checkbox"/> 2. Labeled cRNA <input type="checkbox"/> 3. Small Sample <input type="checkbox"/> 4. Hyb. Only	
Array Type(s):	
Arrays Provided by: <input type="checkbox"/> Researcher <input type="checkbox"/> Facility	

Sample Name	Conc (µg/µl)	Vol (µl)	Sample Name	Conc (µg/µl)	Vol (µl)
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		