

**UVM DNA Microarray Facility
Sample Submission Form
cRNA Hybridization and Scanning**

PI: _____
USER: _____
Chip(s): _____
Budget# _____
Email: _____

Experiment: _____
Organism/ cell line: _____
Date submitted: _____
Phone# _____

*****REQUIRED-photo of fragmented cRNA*****

Project Description:

	Sample ID:cRNA i.e., treated vs. control	ratio 260/280	cRNA quantity μg/μl
1			
2			
3			
4			
5			
6			

-----**for staff use only**-----

Test chip run date: _____

Test chip results: _____