Order Form for Gene Expression & miRNA

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| **\*RNA Prep. require? Yes □ or No □** | 주문일자 : 20 년 월 일 |
| **\*남은시료는 3개월간 보관하고 이후에 폐기처리됨에동의함.□**  **\*실험완료 후 남은시료를폐기□ 또는 리턴□을 요청함.** | 담당영업사원 : |

1. **주문자정보**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 기관명 |  | 주소 |  | | |
| 책임자 |  | 전화 |  | 이메일□ |  |
| 담당자 |  | 전화 |  | 이메일□ |  |

1. **실험 서비스 정보**

|  |  |  |  |
| --- | --- | --- | --- |
| Microarray selection | | | |
| □ Gene Expression | | □ microRNA Expression | |
| □ Agilent | ( ) | □ GenoSensor | ( ) |
| □ Affymetrix | ( ) | □ Mycroarray.com | ( ) |
| □ Other | ( ) |  |  |

1. **시료 정보**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Species** | | □ Human | | | □ Mouse | | | □ Rat | | □ Other (학명기입) | | | |
| **Sample type** | | □ Total RNA | | | | | | □ Other ( ) | | | | |
| □ Cell | | | □Tissue | | | □Blood | | □FFPE | | | |
| **Origin,**ex) Liver or muscle | |  | | | | | | | | | | | |
| **RNA prep. method** | | □ TriZol Reagent | | | | □Commercial Kit | | | | | □Other ( ) | | |
|  | **Sample name** | | Conc. [ng/㎕] | Volume [㎕] | | |  | | **Sample name** | | Conc. [ng/㎕] | Volume [㎕] | |
| 1 |  | |  |  | | | 6 | |  | |  |  | |
| 2 |  | |  |  | | | 7 | |  | |  |  | |
| 3 |  | |  |  | | | 8 | |  | |  |  | |
| 4 |  | |  |  | | | 9 | |  | |  |  | |
| 5 |  | |  |  | | | 10 | |  | |  |  | |

**\*\* In case of more than 10 samples, please use copy of this sheet.**

1. **분석 서비스 정보**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| **1) Two color** | Cy3 |  |  |  |  |  |  |  |  |  |  |  |
|  | Cy5 |  |  |  |  |  |  |  |  |  |  |  |
| **2) One color** | Cy |  |  |  |  |  |  |  |  |  |  |  |

1. **비교조합 / 요구사항**

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