



**A · A · C**  
**Genomics**  
**Facility**

Science Complex Rm 1401, University of Guelph  
 488 Gordon Street  
 Guelph, Ontario, Canada N1G 2W1  
 Email: genomics@uoguelph.ca  
 Phone: 519-824-4120 ext. 58357  
 Fax: 519-767-1656

## Agilent BioAnalyzer Analysis Request Form

Client Name
Lab Position
Department
Phone
Email
Supervisor

<b>Lab Use Only:</b> <b>Rec'd By:</b> _____ <b>Date Received:</b> _____  <b>Delivered By:</b> _____  <b>Run complete:</b> _____ <b>Journal entry date:</b> _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Supervisor Signature** (required): \_\_\_\_\_

**Billing Information** *GL Coding (26 digits)*

Fund (3)	Unit (6)	Grant (6)	Project (6)	Object (5)
				64251

(Unless otherwise requested, results will be sent to submitter and will be charged to specified account by journal entry)

**RNA Description:**

No	Sample Name	Tissue/cell Source*	Isolation Method	Approximate Concentration*	Vol. (µl)
1				*	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

\* Please identify if eukaryotic or prokaryotic RNA

\*\*Quantitative range for analysis is 25-500ng/ul for total RNA or 25-250ng/ul for mRNA

**Special Requirements:**

---



---



---



---