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Genomics
Facility

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Microarray Data Analysis Request Form

Client Name	Lab Position
Email	Phone
Department	Supervisor

Supervisor Signature (required): _____

Billing Information *GL Coding (26 digits)*

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

Data Description:

(The data description part includes a brief description of your microarray experiment, the format of the data and the organism you are working on.)

Special Requirements regarding to the output (Spreadsheet, Clustering Profile, GeneTree, Pathway etc.)
