

Genotyping Request Form

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Submission Time	Day/Date	Started	Returned
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RESEARCHER INFORMATION			
Researcher Name	Phone	E-mail	
PI Name	Project		

BILLING INFORMATION			
Department	CCC Member? YES / NO		
Organization	Fund	Account	Budget Year
Project	Program	User Defined	

Instructions:

1. Complete this form and fill out the Excel spreadsheet (we will provide) of samples names.
2. Email the Excel spreadsheet to the NASR: nucleicacid@osumc.edu
3. Turn in this sheet and your samples to the NASR in BRT 291.
4. If you have any questions, please call us at 688-4784.

Results Options

Allele Size LOH Screening MSI Screening Peak Height SNP

Panel Information

Panel Name:		Single <input type="checkbox"/>		Pooled <input type="checkbox"/>		Multiplexed <input type="checkbox"/>	
Locus:	Allele Size Range:	Dye1	Dye2	Dye3	Notes, Microsatellite repeat (di-, tri-, tetra-)		

Panel Name:		Single <input type="checkbox"/>		Pooled <input type="checkbox"/>		Multiplexed <input type="checkbox"/>	
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Comments:
