



Order Form Affymetrix Service

(01/2016)

Please print the following form. In order to ensure timely execution of your order, please accurately fill in the appropriate information and **either send or fax the signed sheets** to the following address:

Kompetenzzentrum für Fluoreszente Bioanalytik (KFB)
Dr. Thomas Stempf
Am BioPark 9
D - 93053 Regensburg, Germany

Fon: +49 (0)941 – 943 – 5011
Fax: +49 (0)941 – 943 – 5018
Email: info@KFB-regensburg.de

• Client Details (to be used for invoicing)

Title: _____ Last name: _____ First name: _____

Company/Institute: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Sales tax ID / VAT number (*EU customers outside of Germany only*): _____

KFB quote number: _____ (*e.g. KFB150621B*)

Purchase Order Number (*if applicable*): _____

Apothekennummer (*clients based at Universitätsklinikum Regensburg only*): _____

Herewith I confirm that all information was entered correctly and to the best of my knowledge.

Print date: _____ Signature: _____

• Order Details

Number of samples: _____

Organism: _____

Array type (see <http://www.affymetrix.com> for details): _____

Expected date of sample delivery: _____

Sample type (DNA / RNA / Cells / Tissue): _____

If DNA/RNA samples:

Please specify extraction method:

- Trizol, or similar
 Column-based (e.g. Qiagen RNeasy)
 other _____

If cells or tissue samples:

- Is the material potentially infectious? **Yes** **No**

If Yes, please explain: _____

- Does the material contain / consist of genetically modified organisms? **Yes** **No**

If Yes, please explain: _____

• KFB Service

RNA isolation by KFB: **Yes** **No**

Return of residual sample material after hybridization: **Yes** **No**

• Data Analysis

Standard data analysis – Image files (.CEL), quality report files, annotated result file in .TXT or .XLSX format, Fold Change calculation: **Yes X** **No**

Additional statistical data analysis (please inquire): **Yes** **No**

● **Sample Details** (Please enter each sample separately! Print this page multiple times if necessary.)

Alternatively, sample details may be provided as .xlsx file; Email to *info@KFB-regensburg.de*, with reference to the KFB quote number)

SAMPLE NO. ____:

Unique sample name: _____

RNA concentration [$\mu\text{g}/\mu\text{L}$]: _____

Volume [μL]: _____

Name of control sample(s) to be used for comparison analysis:

Comments: _____

SAMPLE NO. ____:

Unique sample name: _____

RNA concentration [$\mu\text{g}/\mu\text{L}$]: _____

Volume [μL]: _____

Name of control sample(s) to be used for pairwise comparison analysis:

Comments: _____

SAMPLE NO. ____:

Unique sample name: _____

RNA concentration [$\mu\text{g}/\mu\text{L}$]: _____

Volume [μL]: _____

Name of control sample(s) to be used for pairwise comparison analysis:

Comments: _____

SAMPLE NO. ____:

Unique sample name: _____

RNA concentration [$\mu\text{g}/\mu\text{L}$]: _____

Volume [μL]: _____

Name of control sample(s) to be used for pairwise comparison analysis:

Comments: _____