Order Form Affymetrix Service

(01/2018)

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

Kompetenzzentrum für Fluoreszente Bioanalytik (KFB) Dr. Thomas Stempfl 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. KFB170621B)*

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 for options): **Yes** ☐ **No** ☐

- **Sample Details** (Please enter each sample separately! Print this page multiple times if necessary. For larger projects, or for more complex experimental designs, 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 [µg/µL]: _____

Volume [µL]: _____

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

_____

Comments: _____

SAMPLE NO. ___:

Unique sample name: _____

RNA concentration [µg/µL]: _____

Volume [µL]: _____

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

_____

Comments: _____

SAMPLE NO. ___:

Unique sample name: _____

RNA concentration [µg/µL]: _____

Volume [µL]: _____

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

_____

Comments: _____

SAMPLE NO. ___:

Unique sample name: _____

RNA concentration [µg/µL]: _____

Volume [µL]: _____

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

_____

Comments: _____