



## Order Form Microarray Service

(01/2022)

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 Stempf  
Am Biopark 9  
D - 93053 Regensburg, Germany

phone: +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. KFB220621B*)

Purchase Order Number (*if applicable*): \_\_\_\_\_

Apothekenummer (*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.thermofisher.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](mailto: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 [ $\mu\text{L}$ ]: \_\_\_\_\_

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 [ $\mu\text{L}$ ]: \_\_\_\_\_

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 [ $\mu\text{L}$ ]: \_\_\_\_\_

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 [ $\mu\text{L}$ ]: \_\_\_\_\_

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

\_\_\_\_\_

Comments: \_\_\_\_\_