



CUNY ADVANCED SCIENCE RESEARCH CENTER

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| Epigenetics Core Facility Pippin HT Sample Submission Form | PLEASE print this form and submit with your sample! |
| Phone: (212) 413-3183 email: Jia.Liu@asrc.cuny.edu | Submit Sample To: Epigenetics Core Facility 85 Saint Nicholas Terrace New York, NY10031 |

Date _____

| | | | |
|-----------|--|-----------------------------------|--|
| User Name | | Department | |
| Phone | | University/Company | |
| Email | | RF account # (CUNY users only) | |
| PI Name | | Account # (Non-CUNY users) | |

| | | | |
|-------------------------------------|---|---|----|
| Cassette type (Check one) | <input type="checkbox"/> 3% Agarose, 100-250 bp | <input type="checkbox"/> 2% Agarose, 100-600 bp | |
| | <input type="checkbox"/> 1.5% Agarose, 250-1500bp | <input type="checkbox"/> 0.75% Agarose, high-pass 6-10kb | |
| | <input type="checkbox"/> 0.75% Agarose, high-pass 15-20kb | <input type="checkbox"/> 0.75% Agarose, high-pass 30-40kb | |
| Number of samples | | | |
| Selected size (bp) | | | |
| Sample name | 1 | 9 | 17 |
| | 2 | 10 | 18 |
| | 3 | 11 | 19 |
| | 4 | 12 | 20 |
| | 5 | 13 | 21 |
| | 6 | 14 | 22 |
| | 7 | 15 | 23 |
| | 8 | 16 | 24 |

Signature _____