



Sample Submission Form

Date: _____

Client Name: _____

Organization/Laboratory: _____

Contact e-mail: _____ Contact phone: _____

_____ Purchase Order _____ Credit Card _____ Other (specify) _____

Samples

Total Number of samples: _____ Sample type: cDNA gDNA RNA Tissue

Method of preparation (if applicable):

Genes to be analyzed:

Positive/Negative control:

Reference/Housekeeping gene(s) to be used:

Services Requested (please check all that apply)

RNA isolation RNA integrity assessment cDNA synthesis microRNA cDNA synthesis

ARQ Array (Customized Gene Expression Panel)

TaqMan® microRNA assay

TaqMan® gene assay inventoried (up to 250 rxns) made to order (up to 360 rxns)

TaqMan® real-time PCR service Duplicate Triplicate

SYBR® Green gene assay

SYBR® Green real-time PCR service Duplicate Triplicate

Ship samples overnight to:

ARQ Genetics
1110 Main Street, Ste. B
Bastrop, TX 78602

- Please carefully observe the minimum sample amounts required. For samples falling outside these guidelines and for all LCM, FFPE and FNAB samples, please contact us before submitting these samples so that we may provide you the best possible service.
- Please include a copy of the completed submission form with your samples and enough dry ice to insure your samples arrive frozen.
- Please avoid shipping on Fridays to keep samples from prolonged exposure to ambient temperature.
- Payment is due on completion of services.
- Orders over \$2000.00 require a Purchase Order or Credit Card number before samples are processed. Please contact us for details.

Questions?

512.308.1511 tel
9am-5pm CST

info@ARQgenetics.com
tech@ARQgenetics.com