

PDF made: _____

Email Info: _____

Charged: _____

DNA/RNA QC Services

Date: _____ MO Code: _____

Principal Investigator: _____

E-mail Address: _____

*address will be used to communicate results

Sample Type (Total RNA, NGS Library, ds cDNA, etc.): _____

Service Costs:

| Service | Qty | Unit Price | Amount |
|---|---------|------------------|--------|
| Covaris Shearing Fee | _____ X | \$10.00/sample = | _____ |
| Total RNA Analysis Fee | | | |
| Standard Sensitivity (5-200ng/ul) | _____ X | \$10.00/sample = | _____ |
| High Sensitivity (0.05-5ng/ul) | _____ X | \$10.00/sample = | _____ |
| NGS Fragment Analysis Fee | | | |
| Standard Sensitivity (5-100ng/ul) | _____ X | \$10.00/sample = | _____ |
| High Sensitivity (0.05-5ng/ul) | _____ X | \$10.00/sample = | _____ |
| Qubit Quantitation (0.5-50ng/ul) | _____ X | \$5.00/sample = | _____ |
| | | Total = | _____ |

I hereby authorize the DNA Core Facility to perform the requested work. I understand I will be billed monthly for work completed by the DNA Core Facility.

Signature

Date