

Affymetrix Request Form

Biotechnology & Drug  
Design Core Facility,  
Georgia State University

Contact: [Sonja Young](#)  
Petit Science Center,  
161 Jesse Hill Jr. Dr.,  
Atlanta, GA 30303

Contact Name:

Contact Phone:

E-mail:

Department/University:

Address:

P I's Name:

Acct / PO #

P I's Signature:

Sample Name:

Type of Microarray chip \_\_\_\_\_

Concentration of total RNA \_\_\_\_\_