

W.M. KECK CENTER FOR COMPARATIVE AND FUNCTIONAL GENOMICS
Affymetrix Core Service Order Form

Date (mm/dd/yyyy):: _____

Your Name:

Principal Investigator:

I.D.

Date Isolated: Amount: ng μ l ng/ μ l

OD₂₆₀/OD₂₈₀: OD₂₆₀/OD₂₃₀: RIN:

Treatment:

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