



Division of Medical Sciences  
Genetics Core Services

Lab901 Tapestation Request Form - 2010

Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Grant/Order number: \_\_\_\_\_

Sample Type	DNA	RNA	Protein
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Analysis Required	RK6	D800	D1200	P200
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	Sample Name	Sample Information (see below for details)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

For further information on sample requirements and analysis see documentation on web page:  
[http://www.humangenetics.org.uk/DNA\\_Analysis\\_Facility/services.html](http://www.humangenetics.org.uk/DNA_Analysis_Facility/services.html)

Dr Andrew J. Cassidy, Mail Box 3, Genetics Core Services Manager, Division of Medical Sciences  
 Ninewells Hospital and Medical School DD1 9SY

Phone (Office): 01382 425641  
 Phone (Laboratory) 01382 740247

E-Mail: [a.j.cassidy@dundee.ac.uk](mailto:a.j.cassidy@dundee.ac.uk)