



Genomics Technology Core

University of Missouri

Genomics Core Staff Use Only:

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