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COH BRI Functional Genomics Core Facility

1710 Flower Ave. Room 209, Duarte, California 91010

Service Order, Sample Submission & MIAME Compliance Form

For COH FGC Official Staff Use Only

Order Received By _____
Order Received Date _____
Sample Type _____
_____
Amount Received _____
_____
Project ID _____
Project Finish Date _____

Purposes

1. MIAME (Minimum Information About a Microarray Experiment) is a required component to enable proper interpretation of the experiment results unambiguously and potentially to reproduce the experiment. MIAME was proposed by the MGED society and is adapted and currently enforced by the NCBI GEO and the ArrayExpress at the EBI for array data submission in related publications.

2. Additional information collected along with the MIAME compliance is preparing our Core for the NCI Cancer Center site visit and for our Core future development to provide better support to your research.

3. By filling out and signing this form, the user (PI) agrees to pay for all the accrued costs. We appreciate your cooperation. If you have any questions about this, please contact Dr. Charles Wang (cwang@coh.org). Thank you.

User (PI) Signature: _____Date: _____

Item A General Information

PI		**Project Contact**	
PI Phone		**Contact Phone**	
PI Email		**Contact Email**	
Institution		**Funding Resource**	
Department		**Grant Title**	
Project Title		**Grant No.**	
Cost Center or PO #		**Funding Period**	
IRB No.		**CC Member (Y/N)**	(Select One)
IACUC No.		**CC Member Category**	(Select One)

Item B Experimental Factors (category: e.g., time or time point, treatment or dose) web link & pull down

Factor Name	Description	Factor Category

Item C Study Summary

Study Aims

Hypothesis

Relevance/Significance

Item D Experimental Design

General Description

Design Type

(Select One)

Microarray Platform

(Select One)

Array Design

(Select One)

Item E Sample Description

Sample Type (e.g. RNA/DNA)

Sample Replicate Type (Biol/Tech)

Replicates in Each Group

No. of Groups

QC Requests (Y/N)

OD 260/280 Range

OD 260/230 Range

Concentration Range (µg/µl or ng/µl)

Item F Sample Source Information

"Information will be stored into Laboratory Information Management System for further tracking, please fill out as accurately as possible. NA" for not applicable items.

Sample ID	RNA or DNA Ext. Date	Species	Strain or Cell Line	Organ	Cell Type	Normal/ Disease	Gender	Age	Genetic Mod.	Treatment Protocol	Time Point	Dose	Remarks e.g. QC