

UVA Biorepository & Tissue Research Facility (BTRF) GeoMx DSP Service Request Form

Please submit this service request form to Pat Pramoonjago prior to delivering your samples.

434-982-0487 | pp6f@uvahealth.org

REQUESTOR INFORMATION		
Principal Investigator:	Phone:	Email:
Contact Person:	Phone:	Email:
Department/Institution:	Worktag:	
EXPERIMENTAL INFORMATION		
Date of Request:	Project Name:	
Project Description:		
SAMPLE SUBMITTED		
# of Samples:	Species:	
Sample Type: <input type="checkbox"/> Frozen Tissue <input type="checkbox"/> Fixed Frozen <input type="checkbox"/> FFPE Tissue <input type="checkbox"/> TMA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Slide for GeoMx (see page #3 for slide requirement)		
SERVICE REQUESTED		
GeoMx DSP: <input type="checkbox"/> hWTA <input type="checkbox"/> mWTA <input type="checkbox"/> hCTA <input type="checkbox"/> Protein Panel (Specify): _____		
Morphology Marker Selection:	1. 2. 3. 4.	
Defining Region of Interest (ROI):		
Library Prep and Sequencing:		
Data Analysis: <input type="checkbox"/> Partial Data Analysis <input type="checkbox"/> Full Data Analysis <input type="checkbox"/> Other (Specify): _____		
Data Analysis Requirements & Details:		
Other Service (Specify):		

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SAMPLE INFORMATION		
Sample #	Sample Name	Additional Info (e.g., barcode sequence)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Researcher Signature: _____ **Date:** _____