

**GENOMICS FACILITY
2100 BIOANALYZER USAGE FORM**



Sunnybrook Health Sciences Centre
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Contact:
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Agreement: I agree that I will use the Bioanalyzer at SRI's Genomics Facility under the supervision of the facility technician.

Please check one: Self use Service

Date of use: ____ / ____ / _____ (month/day/year)

Principal investigator: _____

PI's signature: _____

Contact person: _____

Department/Billing address: _____

Phone: _____

E-mail: _____

Cost centre number/PO#: _____

Agreement: I agree that SRI Genomics Facility can charge me when the service is completed.

Signature: _____ Date: ____ / ____ / _____ (month/day/year)

Sample#	Sample ID	Quantity (200ng-500ng)	Volume (ul)	Note