Sample Submission Form for ChIP Analysis

Epigenomics Core Facility

Department of Biochemistry and Molecular Biology, University of Nebraska Medical Center, 985870 Nebraska Medical Center, Omaha, Nebraska 68198-5870

Name:_____ PI Name:_____ Date: _____

Email address:_____ Institution:_____

Phone:_____ Department:_____

Univ. of NE Customers, Campus ZIP Code:_____ Cost Center No.:_____

Sample ID	DNA Final Purification Method	Conc. (ng/µl)	DNA Quantity (µg)	Species	IP Protein	QPCR or ChIP-Seq	Genomic Regions/Genes to Test