# Sample Submission Form for Methylation 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 Isolation and Purification Method | Proteinase K Treated | RNase A Treated | Conc. (ng/µl) | DNA Quantity (µg) | Species | Methylation Analysis Procedure | Genomic Regions/Genes to Test |
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