



MicroRNA Expression Profiling Service

System Biosciences (SBI)
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Mountain View, CA 94043
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FAX (650) 968-2277
www.systembio.com

Bill To:	Ship To:
Name: Institution: Mailing Address: City: State: Zip: Country: Telephone: ; Fax:	Name: Institution: Mailing Address: City: State: Zip: Country: E-mail Address:

Customer Provides

Description of Project: _____
Source of RNA (Human, Mouse, etc.): _____
Please check the appropriate boxes below:

<input type="checkbox"/>	Cancer microRNA Profiling service – OncoMir collection	Cat # SVRA610A-1
<input type="checkbox"/>	Stem cell collection microRNA Profiling service	Cat # SVRA620A-1
<input type="checkbox"/>	Genome-wide microRNA Profiling service - Human	Cat # SVRA660A-1
<input type="checkbox"/>	Genome-wide microRNA Profiling service – Mouse	Cat # SVRA670A-1
<input type="checkbox"/>	Genome-wide microRNA Profiling service – Rat	Cat # SVRA680A-1

Number of Samples: _____
Is it total RNA? Yes
 No. Please specify: _____

Total Amount of RNA Provided Frozen in 10 µl Water: _____
(Please ship on dry ice and label tubes with RNA concentration)

SBI Deliverables

1. Raw Ct values with threshold settings
2. Real-time run file (Applied Biosystems SDS file)
3. ΔCt cross comparisons
4. One consultation and data review session

Payment via Purchase Order (PO#): _____
[Please FAX a copy of PO with this form to **650-968-2277**].

Payment via VISA/MasterCard:
Card #: _____ Expiration Date: _____
Name on the Card: _____
Billing Address on the Card: _____

By signing this form, I agree with the terms and conditions specified above. Requests will be processed upon receipt of Purchase Order or credit card details.

Signature: _____ Date: _____