

iSCAN ARRAY SUBMISSION FORM
DIRECTIONS

1. Fill out all identifying information below.
2. Fill out the Sample Name column. IDs must be eight alphanumeric characters or less. No spaces, underscores, dashes or special characters are allowed.
3. Provide samples in a 96-well plate, with **ONLY THE EVEN COLUMNS** filled (48 samples max). If submitting more than 48 samples, duplicate the table below for each plate.
4. Sample concentration should be 50 ng/ μ L.
5. Email sheet to genomics@vai.org before submitting the plate.

IDENTIFYING INFORMATION

Samples submitted by: _____

Contact email: _____

PI name: _____

Date submitting samples: _____

Array requested (e.g., EPIC methylation array): _____

Species name: _____

 Are samples from FFPE? Yes No

Lab	Sample name	Sample working #	Well position (even columns only)	Qubit concentration	DNA vol. (μ L)
		1	A2		
		2	B2		
		3	C2		
		4	D2		
		5	E2		
		6	F2		
		7	G2		
		8	H2		
		9	A4		
		10	B4		
		11	C4		
		12	D4		
		13	E4		
		14	F4		
		15	G4		
		16	H4		
		17	A6		
		18	B6		
		19	C6		
		20	D6		
		21	E6		
		22	F6		
		23	G6		
		24	H6		
		25	A8		
		26	B8		
		27	C8		
		28	D8		
		29	E8		
		30	F8		
		31	G8		
		32	H8		
		33	A10		
		34	B10		
		35	C10		
		36	D10		
		37	E10		
		38	F10		
		39	G10		
		40	H10		
		41	A12		
		42	B12		
		43	C12		
		44	D12		
		45	E12		
		46	F12		
		47	G12		
		48	H12		