

**University of Washington  
SeattleSNPS Genotyping Support Request Form**

**Investigator Information**

**Project Name:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Project information**

**Number of DNA samples:** \_\_\_\_\_

**Number of markers:** \_\_\_\_\_

**Platform:**     Illumina     SNPLex     Taqman/Epoch

**Are your samples derived from Human subjects?**    Yes    No

**If yes, do you have ethics approval (IRB)**                      Yes    No

**If possible, would you like your DNA returned?**    Yes    No

**Principal Investigator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_