# UHN Microarray Centre Slide Scanning Service Guidelines and Submission Form

# **Guidelines**

## Introduction

The University Health Network Microarray Centre (UHNMAC) is pleased to offer its scanning service using a high-resolution Agilent scanner.

In this service, we offer:

- Scanning microarrays in 1" x 3" glass slide with 2, 3, 5, or 10 micron resolution
- Scanning of both ultra high density commercial microarrays and arrays printed at lower density
- Automated scanning with scanner equipped with a 48-slide autoloader
- Overnight scanning (space permitting) and fast turn-around time
- Delivery of scanned images and data files via the secure UHNMAC User Data Portal
- Optional Agilent's Feature Extraction for Agilent arrays (with supplied array design)

### Price List

Array Scanning: \$20/slide

Feature Extraction: \$10/slide

### Slide Submission Requirements:

- 1"x3" glass slides
- Feature Extraction (for Agilent arrays only, with supplied array design)
- Shipping address: Attn: Kelly Jackson

UHN Microrarray Centre MaRS Centre, TMDT 101 College St. 9-601 Toronto, ON Canada M5G 1L7

- Caution: Please ensure slides are shipped protected from light
- Slides can also be submitted in person Monday to Thursday between 9am and 3:30pm and Friday between 9am and 12pm, excluding holidays.

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MaRS Centre, TMDT 101 College St., 9-301 Toronto, Ontario Canada M5G 1L7 Phone: 1-877-294-4410 Fax: 416-597-0100 E-mail: agilent@microarrays.ca URL: www.microarrays.ca



# UHN Microarray Centre Slide Scanning Service Guidelines and Submission Form

## Submission Form

Please complete this form and send along with your ready-to-scan slides to the UHN Microarray Centre. If information is missing, we will not be able to process your samples.

### **Customer Information**

Date:	
Contact Name:	
Contact Phone Number:	
Contact e-mail Address:	
PI's Name:	
Institution:	
Phone Number:	
Fax Number:	
e-mail Address:	
Mailing Address:	
City:	
Province:	
Country	
Postal/Zip Code:	

(For correspondence, please provide the name, phone number and email address of the person responsible for the microarray experiment.)

Billing Address	
Name:	
Address:	
If applicable, PO Number:	
Cost Centre No. for UHN PI:	

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#### Array Type: \_\_\_\_

Or, required resolution (microns), please select *one only*: 10 (standard) / 5 / 3 / 2

Agilent Feature Extraction (Optional): YES (please provide array design) / NO

	Slide Identifier (eg., Barcode)	Comments
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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20		

Note

Please ensure slides are shipped protected from light.

For UHN Microarray Centre use only.

Received by:

Date received:

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