**Puerto Rico Omic (PROMIC)**

**Application Form**

To request our services, please send the completed Application Form with the required documents to: *Incomplete applications will not be evaluated****.***

**Evaluation process for this application can take between 2 to 3 working days.**

1. Request for PROMIC Service (s)

|  |
| --- |
| Please select which service(s) you want to receive. *(Select all that apply)* |
| Puerto Rico Omic Center |
| [ ]  | DNA extraction and QC | [ ]  | Quantitative PCR (*QuantStudio6*)*Specify:*       |
| [ ]  | RNA extraction, cDNA template preparation, and QC | [ ]  | Droplet digital PCR (*BioRad* *QX200*)*Specify:*       |
| [ ]  | Library preparation for sequencing and templates preparation | [ ]  | Bioinformatics analyses *Specify:*       |
| [ ]  | DNA/RNA sequencing reactions *Specify:*      [ ]  Illumina Platform [ ] Ion Torrent Platform | [ ]  | Proteomic Assays*Specify:*       |
| [ ]  | Affymetrix Microarrays*Specify:*       | [ ]  | Metabolomics Specify:       |
| [ ]  | iScan BeadArrays*Specify:*       | [ ]  | Other, Specify:       |

1. Contact Information - Principal Investigator or Contact Person

|  |  |
| --- | --- |
| 1. First Name:
 |       |
| 1. Last Name:
 |       |
| 1. Degree:
 |        |
| 1. Current Position:
 |        |
| 1. Institution:
 |        |
| 1. School:
 |        |
| 1. Department:
 |        |
| 1. Program:
 |       |
| Email:  |       |
| Telephone: |       |

1. **Study Description**

*Please indicate**information regarding the research protocol from the biological samples was collected.*

|  |  |
| --- | --- |
| 1. Full title of the study:
 |       |
| 1. Research Areas:
 | [ ]  Cardiovascular  | [ ]  HIV |
| [ ]  Cancer | [ ]  Neuroscience |
| [ ]  Other, specify:       |
| 1. IRB/IACUC Number:
 |       |
| 1. IRB/IACUC Expiration Date *(mm/dd/yyyy):*
 |       |
| 1. Institutional Biosafety Committee (IBC) Expiration Date *(mm/dd/yyyy):*
 |       |
| Please provide a brief study description: |
|       |

1. **Biological Samples Descriptions**

|  |
| --- |
| **Please provide information related to the biological samples that will be used through the PROMIC.** |
| Type of biological sample: |       |
| Type of organism: |       |
| Number of biological samples: |       |
| Number of runs per biological samples: |       |

1. **Investigator’s Responsibilities**
* Acknowledgements of Support: Each publication, press release or other document that results from NIH grant support and disclaimer such as: **The project was supported by the Puerto Rico Omics Center (PROMIC) at the University of Puerto Rico Comprehensive Cancer Center and by NIH awards: RCMI: U54 MD007600, PRCTRC: U54 MD007587, PRIMBRE: P20 G103475, MBRS SCORE: SC1 HL123911.**
* The PROMIC is committed in providing each study the best possible service.

[ ]  I,     , agree to fulfill the Investigator’s responsibilities and submit the information requested by PROMIC.

Please provide an **electronic signature**.

**Date submitted** (mm/dd/yyyy):