



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.

A. Request for PROMIC Service (s)

Please select which service(s) you want to receive. *(Select all that apply)*

Puerto Rico Omic Center			
<input type="checkbox"/>	DNA extraction and QC	<input type="checkbox"/>	Quantitative PCR (<i>QuantStudio3</i>) <i>Specify:</i>
<input type="checkbox"/>	RNA extraction, cDNA template preparation, and QC	<input type="checkbox"/>	Bioinformatics analyses <i>Specify:</i>
<input type="checkbox"/>	Library preparation for sequencing and templates preparation	<input type="checkbox"/>	Proteomic Assays <i>Specify:</i>
<input type="checkbox"/>	DNA/RNA sequencing reactions <i>Specify:</i> <input type="checkbox"/> Illumina Platform <input type="checkbox"/> Ion Torrent Platform	<input type="checkbox"/>	Metabolomics <i>Specify:</i>
<input type="checkbox"/>	Affymetrix Microarrays <i>Specify:</i>	<input type="checkbox"/>	Other, <i>Specify:</i>
<input type="checkbox"/>	iScan BeadArrays <i>Specify:</i>		

B. Contact Information - Principal Investigator or Contact Person

First Name:		
Last Name:		
Degree:	Select degree	If other, please specify:
Current Position:	Select position	If other, please specify:
Institution:	Select academic affiliation	Other:
School:	Select school	Other:
Department:	Select department	Other:
Program:		
Email:		
Telephone:		

C. Study Description

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

1. Full title of the study:		
2. Research Areas:	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> HIV
	<input type="checkbox"/> Cancer	<input type="checkbox"/> Neuroscience
	<input type="checkbox"/> Other, specify:	
3. IRB/IACUC Number:		
4. IRB/IACUC Expiration Date (mm/dd/yyyy):		
5. Institutional Biosafety Committee (IBC) Expiration Date (mm/dd/yyyy):		
Please provide a brief study description:		

D. 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:	

E. 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, ALLIANCE: U54 GM133807-02, 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):