

**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):