NYU School of Medicine
NYU LANGONE MEDICAL CENTER

Division of Advanced Research Technologies (DART)
High Throughput Biology Laboratory (HTB)
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High Throughput Biology (HTB) Screening Application Form

After familiarizing yourself with our policy, screening fees, and data sharing agreement, please submit:

* This form
* CV or resume
* Protocol for your screening assay
* Copy of relevant review or publication
* 96 or 384 well format and reverse transfection optimization data *

PLEASE SUBMIT THESE DOCUMENTS ALONG WITH THE FORM TO #htb@nyumc.org

*if not available, please contact staff about visiting the facility for screen optimization.

Contact information

Name: :_____Email:_____

Fax:_____Phone:_____

Lab Name:_____

Institution Department: _____

Applicant's position in lab: _____

Screening information

Which library would you like to screen? If you would like to screen more than one library, a separate application form is required for each screen.

- ☐ Human miRNA libraries
- ☐ Human whole genome
- ☐ Mouse whole genome
- ☐ *Drosophila* whole genome
- ☐ Drosophila subset (describe below)
- ☐ Custom library (describe below)

Comments/ Description: _____

Title and description of proposed screen (please describe expected hits and relevant background) _____

_____

_____

_____

Cell Type: _____

_____

_____

_____

For fly screening

1. For fly screening, dsRNA amount required Bathing (0.4ug/well) Transfection(0.1ug/well)

Other: _____

If a nonstandard amount is required, please explain why

_____

_____

_____

2. All other libraries contain 1.5pmol of siRNA per well for a final concentration of 25-40nM, depending on final volume. If you require a different amount of siRNA please explain the amount and rationale.

_____

_____

Plate type:

- ☐ Black clear bottom for visual and fluorescence assays (Corning 3712)
- ☐ White bottom for luciferase assays (Corning 3570)

Other _____

3. Please describe your positive and negative siRNA or dsRNA controls. If you do not have such controls, please explain how you have evaluated the robustness of your screen and plan to interpret your screen data.

Please describe your secondary screens for ranking potential hits

Other questions

4. Do you plan to stay in your current lab for at least 1 year?

☐Yes ☐No

If not, please describe how you plan to continue work related to your screen in your next research position

Do you have an estimate of when you will be ready to run pilot screens at the facility?

Are you waiting for funding to start this project?

☐Yes ☐ No

Do you require a letter of collaboration for your screen?

☐Yes ☐No

If so, when do you require this letter?
Attachments CV or resume: Protocol:
Background Publication/review:
Optimization data:
Other:

For general inquiries and to submit application email #htb@nyumc.org

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