

Technical Assistance Program (TAP) Request



Marshall University Forensic Science Program

FORENSIC SCIENCE

Please select all items where technical assistance would be beneficial to your laboratory.

Genetic Analyzers

- | | |
|---|--|
| ☐ Applied Biosystems® Prism 3100 | ☐ Applied Biosystems® 3130 |
| ☐ Applied Biosystems® Prism 310 | ☐ Applied Biosystems® 3130 XL |
| ☐ Applied Biosystems® 3500 XL | ☐ Other _____ |

Real Time PCR Instruments

- | | | |
|---|---|--|
| ☐ Applied Biosystems® 7000 | ☐ Applied Biosystems® 7500 | ☐ Qiagen® Rotor-gene® Q |
| ☐ Other _____ | | |

Automation

- | | | |
|--|---|--------------------------------------|
| ☐ Beckman® Biomek® 2000 | ☐ Beckman® Biomek® 3000 | ☐ Other _____ |
| ☐ Maxwell® 16 System | ☐ Qiagen® EZ1® Workstation | |
| ☐ Qiagen® QIAsymphony® | ☐ Qiacube® | |

Chemistries

Quantitation

- ☐ Applied Biosystems® Quantifiler® Duo
- ☐ Applied Biosystems® Quantifiler® Y Human Male
- ☐ Applied Biosystems® Quantifiler® Human
- ☐ Maven Analytical® Maven® QST
- ☐ Plexor® HY System
- ☐ Qiagen® Quantiplex® HYres

Y-STR

- ☐ Applied Biosystems® Yfiler
- ☐ Promega® PowerPlex® Y
- ☐ Other _____

STR

- ☐ Applied Biosystems® Cofiler®
- ☐ Applied Biosystems® Profiler® Plus
- ☐ Applied Biosystems® Identifier®
- ☐ Applied Biosystems® Identifier® Plus
- ☐ Applied Biosystems® Identifier® Direct
- ☐ Applied Biosystems® Minifiler®
- ☐ Applied Biosystems® GlobalFiler™
- ☐ Applied Biosystems® GlobalFiler™ Direct
- ☐ Promega® PowerPlex® 16HS
- ☐ Promega® PowerPlex® 16
- ☐ Promega® PowerPlex® 16 HS Direct
- ☐ Promega® PowerPlex® S5
- ☐ Promega® PowerPlex® Fusion

Software Systems (Software system names are trademarks of their respective companies)

- | | |
|---|---|
| ☐ FSS-i ³ ™ version ____ | ☐ Applied Biosystems® GeneMapper® ID Version ____ |
| ☐ NicheVision® ArmedXpert™ Version ____ | ☐ Cybergenetics® TrueAllele® Databank Version ____ |
| ☐ Softgenetics® GeneMarker® HID Version ____ | ☐ Other _____ |

Please prioritize your top three validation needs from the above list or from your unique list.

Priority 1: _____

Priority 2: _____

Priority 3: _____

Name: _____ Title: _____

Agency: _____ Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____ Fax: _____

Comments:

Note: All validation options listed above are registered or trademarks of their respective companies.

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