

# 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 3130 Avant
- Applied Biosystems 3130xl
- Applied Biosystems 3500xL
- Other \_\_\_\_\_

## Real Time PCR Instruments

- Applied Biosystems 7500
- QIAGEN Rotor-gene Q
- Other \_\_\_\_\_

## Automation

- QIAGEN EZ1 Workstation
- QIAGEN QIAsymphony
- Maxwell 16 System
- QIAGEN QIAcube
- Beckman Biomek 3000
- Other \_\_\_\_\_
- QIAGEN QIAgility
- Beckman Biomek 2000

## Chemistries

### Quantitation

- Applied Biosystems Quantifiler Trio
- Applied Biosystems Quantifiler Duo
- Applied Biosystems Quantifiler Human
- Applied Biosystems Quantifiler Y Human Male
- Promega PowerQuant
- Promega Plexor HY System
- QIAGEN Quantiplex Investigator HYres
- Maven Analytical Maven QST
- Other \_\_\_\_\_

### STR

- Applied Biosystems Globalfiler
- Applied Biosystems Globalfiler Direct
- Applied Biosystems Identifiler Plus
- Applied Biosystems Identifiler Plus Direct
- Applied Biosystems Minifiler
- Promega PowerPlex Fusion
- Promega PowerPlex Fusion Direct
- Promega PowerPlex Fusion 6C
- Promega PowerPlex 18D
- Promega PowerPlex 16
- Promega PowerPlex 16 HS
- Promega PowerPlex 16 HS Direct
- QIAGEN Investigator 24plex QS
- QIAGEN Investigator 24plex GO!
- Other \_\_\_\_\_

### Y-STR

- Applied Biosystems Yfiler Plus
- Promega PowerPlex Y23
- Other \_\_\_\_\_

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

- Applied Biosystems GeneMapper ID-X Version \_\_\_\_\_
- Applied Biosystems GeneMapper ID Version \_\_\_\_\_
- Softgenetics GeneMarker HID Version \_\_\_\_\_
- Other \_\_\_\_\_
- FSS-i<sup>3</sup> Version \_\_\_\_\_
- NicheVision ArmedXpert Version \_\_\_\_\_
- Cybergenetics TrueAllele Databank Version \_\_\_\_\_

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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