



CIB Genomics Core Lab
 Ion Torrent Sequencing Request
 USU Campus
 Date Received _____

Date _____
 Project Name _____
 PI Name _____
 PI Signature _____
 Contact _____
 OCC # _____
 E-mail _____
 Phone _____
 Fax _____

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 Web site: <http://www.biosystems.usu.edu>
Billing Questions: Sue McCormick (435) 797-8780

Please sign/date acknowledgement below:
While the CIB strives to maintain high quality results, if results are not found to be acceptable, investigator will still be billed for all runs and reruns of samples. Lab fees may be negotiated.

Principal Investigator:
 Name (print): _____

(Sign): _____ Date: _____

Please select the services you would like done to your sample(s).

- _____ PGM 314 chip
- _____ PGM 316 chip
- _____ PGM 318 chip

For libraries ready to sequence (adaptors already ligated or amplicons produced with fusion primers), a minimum of 50 ng is required. If adaptor ligation is required, a minimum of 1µg is required.

									Lab Use Only		
	Sample Name	Type of sample (genomic, RNA, PCR prod., etc.)	260/280	Concentr. (ng/µl)	Total Volume	Application	Amplicon size (if applicable)	Adaptor ligation required?			
1											
2											
3											
4											
5											
6											

_____ Estimated Price for Project