



CIB Genomics Core Lab
 NextSeq Sequencing Request
 Off-Campus

Date Received _____

Date _____
 Project Name _____
 PI Name _____
 PI Signature _____
 Contact _____
 PO # _____
 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). Maximum read lengths are noted

- _____ 150 cycle Mid Output (2 X 75 bp paired-end)
- _____ 300 cycle Mid Output (2 X 150 bp paired-end)
- _____ 75 cycle High Output (75 bp single-end)
- _____ 150 cycle High Output (2 X 75 bp paired-end)
- _____ 300 cycle High Output (2 X 150 bp paired-end)
- _____ other _____

For libraries ready to sequence (adaptors already ligated or amplicons produced with fusion primers), a minimum of 50 ng is required. If library construction 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 or desired fragmentation size	Adaptor ligation required?			
1											
2											
3											
4											
5											

Please provide an electronic file (Excel) with sample information if more than 4 samples. Also provide an electronic file with sample and index information (names, sequences, etc.) if library is delivered ready to sequence.

_____ Estimated Price for Project