



CIB Genomics Core Lab
 NextSeq 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). Maximum read lengths are noted

- | | |
|--------------------------------------|-------------------------------------|
| _____ High output 300 cycles (2X150) | _____ Mid output 300 cycles (2X150) |
| _____ High output 150 cycles (2X75) | _____ Mid output 150 cycles (2X75) |
| _____ High output 75 cycles (1X75) | _____ Custom _____ |

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