



**CIB Genomics Core Lab**  
**454 Sequencing Request- USU Campus**

Date Received: \_\_\_\_\_

Date \_\_\_\_\_  
 Project Name \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Department \_\_\_\_\_  
 UMC \_\_\_\_\_  
 OCC # \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Ninglin Yin, Genomics Group Leader**  
**Center for Integrated BioSystems**  
 4700 Old Main Hill  
 Logan, UT 84322-4700  
 (435)797-8218 or (435)760-3688  
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 e-mail: [usudna@aggiemail.usu.edu](mailto:usudna@aggiemail.usu.edu)  
 Web site: <http://www.biosystems.usu.edu>

**Billing Questions: Brent Paskett (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).** (Final cost depends on application, customer requests, and agreement)

\_\_\_ Standard Service (requirements) a minimum of 10µg of high quality DNA (concentration and final volume depending on application) provided by the client. CIB will prepare Library, run 454 sequence and perform QC on library preparation and sequencing run.

\_\_\_ Minimal Service(requirements): High Quality Library ready for sequence run provided by client. CIB will run 454 sequence and perform QC on sequencing run.

										<b>Lab Use Only</b>		
	Sample Name	Type of sample/species	260/280	Concentr. (ng/µl)	Total Volume	Size (bp)	Application	Type of Kit	Size of plate (1/2,1/4, 1/8,1/16)			
1												
2												
3												
4												
5												
6												
7												
8												
									<b>Total:___</b>			

\_\_\_\_\_ **Estimated Price for Project**