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 __________________________

Ninglin Yin, Genomics Group Leader
Center for Integrated BioSystems
4700 Old Main Hill
Logan, UT 84322-4700
(435)797-8218 or (435)760-3688
Fax: (435)797-2766
e-mail: usudna@aggiemail.usu.edu
Web site: http://www.biosystems.usu.edu

Billing Questions: Sue McCormick (435) 797-7510

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.

<table>
<thead>
<tr>
<th>Sample Name</th>
<th>Type of sample (genomic, RNA, PCR prod., etc.)</th>
<th>260/280</th>
<th>Concentr. (ng/μl)</th>
<th>Total Volume</th>
<th>Application</th>
<th>Amplicon size (if applicable)</th>
<th>Adaptor ligation required?</th>
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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: ______

Lab Use Only

___________ Estimated Price for Project