



CIB Genomics Core Lab
454 Sequencing Request-Off USU Campus

Date Received at USU _____

Date _____
Project Name _____
Contact _____
Address _____
PO # _____
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: 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): 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.

										Lab Use Only		
	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												
									Total: __			

_____ **Estimated Price for Project**