

ATGC NGS Analysis

Service Request Form

Instructions

Please complete the NGS analysis request form and email the completed, signed form to NGSAnalysis@mdanderson.org.

Project Information

ATGC NGS or Single Cell project ID (required): _____

Type of analysis requested: _____

Number of samples in the project: _____

Contact Information (Please Print)

Note: The person listed below will be contacted by an ATGC computational scientist to discuss the project prior to analysis.

User's Name (this is the person submitting the request): _____

User's Email Address: _____

User's Phone Number: _____

Account Information

ResourceOne Accounting Chartfields (Please Print):

Dept ID (6 digits): _____ Fund Group (2 digits): _____ Fund (6 digits): _____

Fund Type (2 digits): _____

*For grant accounts only: *PCBU (5 letters): _____ *Project (6 digits): _____ *Activity (4 digits): _____

Account Expiration Date: _____

Authorized Signature: _____

(Department Administrator or Authorized Financial Designee Only)

Authorized Signature (Printed) _____