Illumina Next Generation Sequencing Service

SERVICE REQUEST FORM

Instructions

Fill out **3 pages** of the Service Request Form. Enter sample details using either the *Sample Submission Sheet* or *Library Submission Sheet* [available on ATGC (SMF)'s website]. Please submit one service request form per application.

Please email all submission forms to: NGSSubmissions@mdanderson.org.

All samples should be accompanied by a printed and signed version of the completed Service Request Form. The ATGC is located in BSRB Room S15.8425. We accept samples M-F, 9 am - 5 pm.

For ATGC Lab Only

Project ID: _____ Date _____

Contact Information

Principal Investigator: _____ Department: _____

User Name: _____ User Email: _____

Project Information

Project Title: _____ Are these Xenograft _____

Sample Source: _____ Reference Genome: _____

Is this continuation of a previous project? Yes ◯ No ◯ Previous Core Project ID: _____

Sample Type:

- ☐ ChIP DNA
- ☐ Circulating DNA
- ☐ Genomic DNA
- ☐ Total RNA
- ☐ FFPE DNA
- ☐ Plasmid DNA
- ☐ Circulating RNA
- ☐ FFPE RNA
- ☐ PCR Product
- ☐ Premade Libraries
- ☐ RIP RNA
- ☐ Exosome

Sequencing Application:

DNA Seq Application

- ◯ Amplicon-seq
- ◯ *ChIP-seq
- ◯ Whole Genome

Capture Seq

- ◯ Clinical Exome-seq (Agilent)
- ◯ Exome-seq (Agilent)
- ◯ Exome-seq (Twist)
- ◯ T200.1 Panel
- ◯ Targeted-seq (User supplied probes)
- ◯ TwinStrand Duplex Sequencing

RNA Seq Application

- ◯ microRNA-Seq
- ◯ Ultra Low Input mRNA-seq
- ◯ TCR a/b Profiling

Strand Specific

- ◯ Stranded mRNA-seq
- ◯ Stranded Total RNA-seq RNA
- ◯ Twist Access
- ◯ Ultra Low Input Total RNA seq

*ChIP-Seq Only: May we shear your samples to an appropriate size range? ◯ Yes ◯ No

Single Cell

- ◯ 10x Genomics
- ◯ Tapestri
- ◯ Single Cell

◯ Other

Must specify application _____

Sample submission note:

1. Samples should be submitted in 1.5ml Eppendorf tubes.
2. If you use your own label, please place the label on the 1.5ml tube vertically or horizontally around the bottom 2/3 of the tube. Please Keep the top 1/3 of the tube free for core lab use.

No. of tubes submitted (samples or library pools): _____ **No. of Lane or Run** _____

Sequencing Instrument	Flow Cell and Default Run Format			
NovaSeq 6000	SP	◯ SP-500 (250nt PE)	◯ *SP-500 Xp (250nt PE)	◯ SP-300 (150nt PE)	◯ SP-300 Xp (150nt PE)
		◯ SP-200 (100nt PE)	◯ SP-200 Xp (100nt PE)	◯ SP-100 (50nt PE)	◯ SP-100 Xp (50nt PE)
	S1	◯ S1-300 (150nt PE)	◯ S1-300 Xp (150nt PE)	◯ S1-200 (100nt PE)	
		◯ S1-200 Xp (100nt PE)	◯ S1-100 (50nt PE)	◯ S1-100 Xp (50nt PE)	
	S2	◯ S2-300 (150nt PE)	◯ S2-300 Xp (150nt PE)	◯ S2-200 (100nt PE)	
		◯ S2-200 Xp (100nt PE)	◯ S2-100 (50nt PE)	◯ S2-100 Xp (50nt PE)	
	S4	◯ S4-300 (150nt PE)	◯ S4-300 Xp (150nt PE)	◯ S4-200 (100nt PE)	◯ S4-200 Xp (100nt PE)

NovaSeq Xp flow cell Note: the Xp workflow divides the flow cell into 2 (SP-Xp, S1-Xp, S2-Xp) or 4 (S4-Xp) lanes. If selecting Xp, please indicate the number of lanes requested. *SP-500 XP(requires 2 lane submission)

NextSeq500	◯ MID 150 (75nt PE)	◯ MID 300 (150nt PE)
	◯ High 75 (75nt SR)	◯ High 150 (75nt PE)
iSeq	◯ 300 (150nt PE)	
MiSeq	◯ V3-150 (75nt PE)	◯ V3-600 (300nt PE)	◯ V2-300 (150nt PE)	◯ V2-500 (250nt PE)	◯ Nano

Run Format: Read1 _____ Read2 _____ Index1 _____ Index2 _____

1. You prepared libraries, premade libraries, required to fill out Run Format.
2. If the run is different from the default Run Format, please specify it in the Run Format.

Custom Sequencing Primer Use: Are you using a custom primer for sequencing? ◯ Yes ◯ No

If yes was selected, please continue to answer the next two questions.

1. Do you want us to spike in PhIX and mix the custom primer with Illumina primers? ◯ Yes ◯ No

2. The custom primer Conc write here _____

Custom Index Primer Use: Are you using a custom index primer for sequencing? ◯ Yes ◯ No

The custom index primer Conc write here _____

Project Description/Custom Requests

Data Analysis

Bioinformatician Name:

Bioinformatician Email:

ATGC will provide sequencing data in “fastq files” format.

Billing Information

Billing Contact Name:

Billing Contact Email:

Note:
To split service charges between two accounts, please provide 'Account 2' information. If service charges are to be split between 3 or more accounts, please provide additional account information in the 'Additional Account Information' section below.

Account 1:		Account 2:	
Dept ID (6 digits):		Dept ID (6 digits):	
Fund Group (2 digits):		Fund Group (2 digits):	
Fund (6 digits)		Fund (6 digits)	
Fund Type (2 digits)		Fund Type (2 digits)	
PCBU (5 letters)		PCBU (5 letters)	
Project (6 digits)		Project (6 digits)	
Activity (4 digits)		Activity (4 digits)	
Expiration Date:		Expiration Date:	
Amount/Percentage to be Billed:		Amount/Percentage to be Billed:	

Additional Account Information:

Dept Administrator or Authorized Financial

The designee (Signature here):

Please Print the Name and Title(Person of Signature):

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