

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
TCR profiling_Adaptive ImmunoSeq
Capture Seq
Clinical Exome-seq (Agilent)
Exome-seq (Agilent)
Exome-seq (Twist)
T200.1 Panel
Targeted-seq (User supplied probes)

RNA Seq Application

microRNA-Seq
Ultra Low Input mRNA-seq
TCR a/b Profiling
Strand Specific
Stranded mRNA-seq
Stranded Total RNA-seq
RNA Access (Human only)
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 Samples(library pools):

No. of Lane or Run

Sequencing Instrument

Flow Cell and Default Run Format

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)
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MiSeq	V3-150 (75nt PE)	V3-600 (300nt PE)	V2-300 (150nt PE)	V2-500 (250nt PE)	Nano
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HiSeq4000	150 (75nt PE)	50nt SR
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HiSeq flow cell Note: Please submit full flow cell libraries for HiSeq4000.

Run Format:	Read1	Read2	Index1	Index2
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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 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 a spike in PhIX and mix the custom primer with Illumina primers? Yes No

2. The custom primer Conc write here

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

Amount/Percentage to

be Billed:

be Billed:

Additional Account

Information:

Dept Administrator or
Authorized Financial

The designee (Signature
here):

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

Project Description/Custom Requests

THE UNIVERSITY OF TEXAS

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