

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, 9am - 5pm.

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)
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 on 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

SP	SP-500	SP-500 XP(requires 2 lane submission)	SP-300	SP-300 Xp
	SP-200	SP-200 Xp	SP-100	SP-100 Xp
S1	S1-300	S1-300 Xp	S1-200	S1-200 Xp
	S1-100	S1-100 Xp		
S2	S2-300	S2-300 Xp	S2-200	S2-200 Xp
	S2-100	S2-100 Xp		
S4	S4-300	S4-300 Xp	S4-200	S4-200 Xp

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.

NextSeq500	MID 150 (75nt PE)	MID 300 (150nt PE)
	High 75 (75nt SR)	High 150 (75nt PE)

iSeq 300 (150nt PE)

MiSeq V3-150 V3-600 V2-300 V2-500 Nano

HiSeq4000 150 (75nt PE) Custom (full flow cell only) Please specify

HiSeq flow cell Note: Please submit full flow cell libraries for HiSeq4000: except sequencing format 76nt PE.

Run Format: Read1 Read2 Index1 Index2
(Required only for premade libraries)

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 digit)

Fund (6 digit)

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
Designee (Signature here):

Please Print Name and
Title(Person of Signature):

Project Description/Custom Requests