

For ATGC Facility use only:	
Project ID:	
Submission Date	

## Advanced Technology Genomics Core

### Mission Bio Tapestri Single Cell Targeted Multi-Ome Service Request Form

Instructions: Please complete all sections.

An active account and authorized signature (Financial Administrator or Designee) is required prior to sample or document submission. The completed, signed submission form should be sent to: [dpollock@mdanderson.org](mailto:dpollock@mdanderson.org).

If you have questions please contact David Pollock at [dpollock@mdanderson.org](mailto:dpollock@mdanderson.org) or at 713-834-6199.

#### Contact information

<b>PI Name:</b>	
<b>User Name:</b>	
<b>User Email:</b>	
User phone# (to be able to reach you immediately):	
<b>Department:</b>	
<b>Project Title:</b>	

#### Sample information

Sample Name	Cell Source/Cell Type (e.g. human, mouse, cancer type, cell line ID)	Volume (uL)	Cell Density (cells/uL)	Media Type
<b>Additional information regarding project:</b>				

#### Kit Information

Select one	Sequencing Application	Select one	Panel Type	Panel Kit Information-Cancer Panel Name, catalog number (if standard panel kit), Number of Genes, Number of amplicons, species
	scDNAseq SNV only		Hematologic Panel	
	scDNAseq SNV+CNV		Solid Tumor Panel	
	scDNAseq SNV+CNV+protein		Custom Panel	

Sequencing and run format information

Select one	Sequencing Instrument	Run format cycle information- Read 1 cycles, Read 2 cycles, index 1 cycles, index 2 cycles (e.g.-most kits using 150,150,8,8)
	NextSeq500 High Output	
	NextSeq500 Mid Output	
	NovaSeq6000-SP	
	NovaSeq6000-S1	
	NovaSeq6000-S2	
	NovaSeq6000-S4	
	MiSeq	

Billing Information

Dept ID (6 digits)	Fund Group (2 digits)	Fund (6 digits)	Fund Type (2 digits)	*PCBU (5 letters)	*Project (6 digits)	*Activity (4 digits)	Account Expiration Date	Percent Distribution (%)

Billing Authorization (usually not PI signature)

**Financial Administrator (or  
Designee) Authorized Signature:**

**Financial Administrator (or  
Designee) Printed Name and Title:**

Bioinformatics Analysis

**Bioinformatician Name:**

**Bioinformatician Email:**

**Bioinformatician Phone:**

**Project Description  
Design/Goal:**

THE UNIVERSITY OF TEXAS

**MD Anderson  
Cancer Center**

Making Cancer History®