

Genome Analyzer Sample Submission Form

Principal Investigator	
Institute / University / Company	
Lab / Business Contact Name	
Lab / Business Contact phone/email	

Date:

Please indicate funding source from list below:	
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(Wistar Grant / Adjunct PO / Outside Academic PO / Outside Non-Academic PO / Credit Card)

Grant or PO Number*	
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*please contact us if paying with a credit card

Sample Name/ID	Indicate: Species, Control or Treatment, Cosmids, PCR fragments, Total RNA, RNA IP...	Concentration (ng/uL)	Vol (uL)	sample bp range

Sample already Prepared? (Yes / No)	
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conc. measured by:	
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Multiplexing Sample Prep? (Yes / No)	
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(spec / nanodrop / Bioanalyzer / PicoGreen)

Please indicate Sample Prep from list below (even if already prepared):	
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(ChIP / Genomic / mRNA-seq / Small RNA / Paired-end)

Special Sample Prep instructions:

Please indicate choice in each Sequencing Category

bp length (36bp / 72bp / 108bp)	
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Sequencing Type (Single Read / Paired-end)	
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Multiplexing Sequencing? (Yes / No)	
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Special Sequencing instructions:

Submit Descriptive Project Paragraph (as additional Sheet)