



CIB Genomics Core Lab
 MiSeq Sequencing Request
 USU Campus

Date Received _____

Date _____
 Project Name _____
 PI Name _____
 PI Signature _____
 Contact _____
 OCC # _____
 E-mail _____
 Phone _____
 Fax _____

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 Web site: <http://www.biosystems.usu.edu>

Billing Questions: Sue McCormick (435) 797-7510

Please sign/date acknowledgement below:
While the CIB strives to maintain high quality results, if results are not found to be acceptable, investigator will still be billed for all runs and reruns of samples. Lab fees may be negotiated.

Principal Investigator:
 Name (print): _____

(Sign): _____ Date: _____

Please select the services you would like done to your sample(s). Maximum read lengths are noted

- _____ 500 cycle v2 (2x250 bp)
- _____ 300 cycle v2 (2x150 bp)
- _____ 50 cycle v2 (1x50 bp)
- _____ 50 cycle v2 (2x25 bp)
- _____ 600 cycle v3 (2x300 bp)
- _____ 150 cycle v3 (1x 150 bp)
- _____ 150 cycle v3 (2x75 bp)
- _____ Other (micro/nano kit) _____

For libraries ready to sequence (adaptors already ligated or amplicons produced with fusion primers), a minimum of 50 ng is required. If library construction is required, a minimum of 1µg is required.

									Lab Use Only		
	Sample Name	Type of sample (genomic, RNA, PCR prod., etc.)	260/280	Concentr. (ng/µl)	Total Volume	Application	Amplicon size or desired fragmentation size	Adaptor ligation required?			
1											
2											
3											
4											
5											

Please provide an electronic file (Excel) with sample information if more than 4 samples. Also provide an electronic file with sample and index information (names, sequences, etc.) if library is delivered ready to sequence.

_____ Estimated Price for Project