

NGS library prep Service Request

from dsDNA

In:
Out:

Functional Genomics Laboratory, 255 Life Sciences Addition MC-3200, Berkeley, CA 94720-3200
 Please contact jygchoi@berkeley.edu, Tel: (510) 642-1165, or Fax: (510) 642-1219 **Date** ___/___/___

User Information		*UC Funding Code/PO#:		
Name			Fund Manager Information	
Email				
Dept./Inst.		Name		
P.I.		Email		
TEL		TEL		

Info about your samples	Possible biohazard - Yes** / No	Assay ↓	Info about Library(bp)	Desire insert size		_____ ~ _____ or _____
	Quality/Purity 260/280 _____					
	Used method to estimate concentration _____	<input type="checkbox"/> RNA-seq <input type="checkbox"/> miRNA-seq <input type="checkbox"/> ChIP-seq <input type="checkbox"/> DNA-seq <input type="checkbox"/> _____	Info about Sequencing	No. of cycles	50/100/150/200-SR/PE	
	Estimated size of DNA & any additional info- _____			Multiplexing	Yes / No	
			Submitting your signed sequencing Form - Yes / No			

#	Sample ID		*Conc. [ng/ul] of ds-DNA	*Total	Purification method(s) used at the end or any other info
	User	FGL			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*Please note we will **not process** without this info. ** Please contact FGL before submitting your samples if your samples are potentially bio-hazard. ***Without the signed sequencing form, we cannot submit your libraries for sequencing~~~~~

Send request to: Functional Genomics Laboratory or VCGSL/QB3 Attention: Y. Justin Choi UC Berkeley 255 LSA MC-3200 Berkeley, CA 94720	Other used materials:	Recharge account: APOLLO On-campus rate: _____ X \$131.00 = _____ Non-profit Rate: _____ X \$ _____ = _____ Profit org. Rate: _____ X \$ _____ = _____ Total: _____ Financial Journal # _____ date _____
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