



# Illumina U Seq Submission Form

PO #:

NOTE: Please indicate special instructions (pooling schemes, combination of projects in one lane, etc) in the Comments section below. Email chains with Facility personnel will NOT qualify as evidence of instruction in case of disputes.

UofC Clients mark "N/A"

Contact Information	Date (mm/dd/yyyy)	
	Principal Investigator	Principal Investigator Email / Phone
	Department	Cancer Center Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Experiment Contact	Experiment Contact Email / Phone
	Billing Administrator	Billing Administrator Email / Phone

## Sample Preparation and Delivery



**Use 1 5 mL Eppendorf tubes**

Prepare 13ul at 10nM

**NO PLATES, STRIP TUBES, OR 0.5ml TUBES!!**



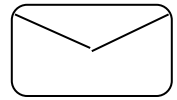
**Simple Unique Label**

"Initials-number"



**Email Sample Names & Index Se**

genomics@bsd.uchicago.edu



**Mail/Drop-Off**

9:00am-4:00pm M-F

Project Information	<u>Sample Species</u> <input type="checkbox"/> Human <input type="checkbox"/> Mouse <input type="checkbox"/> Rat <input type="checkbox"/> Other:	
	<u>Number of Tubes Submitted:</u>	<u>Number of Samples per Tube:</u>
	<u>Library Type:</u> *Please note: Success of the experiment will be predicated upon properly completing the below fields: <input type="checkbox"/> High-Complexity <input type="checkbox"/> Low-Complexity	
	<input type="checkbox"/> RNA <input type="checkbox"/> ChIP <input type="checkbox"/> ATAC <input type="checkbox"/> PCR product <input type="checkbox"/> DNA-Whole-Genome <input type="checkbox"/> DNA-Other (please specify in comments)	
	<b>Please Submit Excel Sheet Listing Sample Labels and Index Sequences</b>	
	<u>Number of Lanes Needed:</u> _____	<u># _____ Run Type:</u> Please click through for the Illumina MiSeq run specifications to determine which reagent cassette and run type is most appropriate for your project.
	<u>Index Length</u> <input type="checkbox"/> 6 bases <input type="checkbox"/> 8 bases <input type="checkbox"/> Dual (8/8) <input type="checkbox"/> Other	<u>Index Manufacturer/Library Kit used:</u>
Gel Cut Required? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify size range needed: _____		
Comments: (please specify if libraries are non-standard, i.e. low complexity/low nucleotide diversity, repeating elements, etc)		