

Biocomplexity Institute of Virginia Tech
Genomics Sequencing Center
Illumina MiSeq Sample Submission Form

Customer Information	
User/Experimenter Name:	
PI Name:	
Institution:	
Department:	
Phone:	
Fax:	
Email:	
Date Submitted:	
ISR/PO/Fund Number:	
<small>* Work will not begin until a ISR/PO/Fund # is provided</small>	

Gel Image Included

Multiplexing (please provide details in comments section)

Sample Type Submitted: (please choose below)	[GRL Use Only]
Genomic DNA <input type="checkbox"/>	Chip-Seq <input type="checkbox"/>
Amplicon <input type="checkbox"/>	cDNA <input type="checkbox"/>
Total RNA <input type="checkbox"/>	mRNA <input type="checkbox"/>
	Date Received:
	By:
	Sequencing Completion Date:

Concentration measured by:	
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Species:	
Purification Method:	
Eluted In:	

Requested Experiments:		
Library Prep	Sequencing and Clustering	
Library Prep Type:	Sequencing Run Type:	
gDNA <input type="checkbox"/>	Single Read <input type="checkbox"/>	Paired End Read <input type="checkbox"/>
Nextera DNA <input type="checkbox"/>	Sequencing Run Length:	
Nextera XT DNA <input type="checkbox"/>	50 Cycle <input type="checkbox"/>	150 Cycle <input type="checkbox"/>
mRNA <input type="checkbox"/>		
mi RNA/sm RNA <input type="checkbox"/>		
Exome (Illumina) <input type="checkbox"/>		
Chip Seq <input type="checkbox"/>		

Additional Comments/Notes:

Sample Information

Sample Number	Sample Name	Concentration (ng/ul)	Volume
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Sample Information			
Sample Number	Sample Name	Concentration (ng/ul)	Volume
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