

Virginia Bioinformatics Genomic Research Laboratory
Illumina HiSeq 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	
DNA Seq <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"/>	100 Cycle <input type="checkbox"/>
Small RNA Profiling <input type="checkbox"/>		
mRNA Seq <input type="checkbox"/>		
Exome Enrichment <input type="checkbox"/>		
Chip Seq DNA <input type="checkbox"/>		

Add Additional Comments/Notes: