

ILLUMINA SUBMISSION FORM

DATE: _____

PLEASE ENSURE BOTH SIDES OF FORM ARE FILLED OUT ENTIRELY

PI: _____

Institution/Company Name: _____

Submitted By: _____

Bill To/Accounts Payable: _____

Telephone: _____

PI Email Address: _____

Account/P.O. No.: _____

Submitter Email Address: _____

Signature: _____

Funding Source: ☐ NIH ☐ NSF ☐ GLBRC☐ USDA ☐ OtherUW Affiliation: ☐ UWCCC ☐ Waisman Ctr.☐ UW System ☐ ExternalUW Institution: ☐ SMPH ☐ CALS ☐ L&S ☐ SOP☐ COE ☐ Other _____**SAMPLE INFORMATION**

Name of Organism: _____

Library – to be prepared by sequencing facility:

DNA: _____

GBS: _____

Amplicon: _____

☐ Other (discuss with facility before submitting) _____Lab Prepared Library/QC Only (provided in $\geq 15\mu\text{l}$):Kit Used to make libraries: Custom barcoded dual-index primers targeting 16S; 515f and 806r

Send QC results? (Y/N) _____

Sample Buffer: Nuclease-free water

- Please email an Excel file with the following information to nextgen-seq@biotech.wisc.edu:
 - Sample Name
 - Concentration
 - Volume
 - Index Sequence (if Lab Prepared Library)
- Submit samples in 1.5ml single tubes or a 96-well skirted plate (A1, B1, C1, etc – not A1, A2, A3). Samples not submitted in this format can be refused or subjected to a transfer fee.
- All sample tubes/plates must be labeled with the sample name, PI last name, and date.

FOR OFFICE USE ONLY:

Submission # _____ Run # _____ Run Date _____ Billing Date _____ Order # _____

SEQUENCING OPTIONS

of samples total: _____ # of lanes: _____ # of samples per lane: _____

☐ HiSeq HighOutput☐ HiSeq Rapid Run☐ MiSeq☐ Full Flowcell☐ Full Flowcell*

*HiSeq Rapid flowcells must have the same library (or pool) loaded into both lanes. If 2 lanes and not same library, you will be charged on a per lane basis.)

Custom Sequencing Run

Must be approved by DNA Sequencing Facility.

Must be purchased as a full flow cell.

Parameters: _____

Custom Sequencing Primers

Name: _____

Read (read 1, read 2, index 1): _____

Please provide at 100uM in no less than 50ul.

BIOINFORMATICS OPTIONS

Analysis to be done by:

☐ UWBC Bioinformatics Resource Center (Please email brc@biotech.wisc.edu to inform them of your project.)☐ Collaborator: Name _____ Email _____ UWNID _____☐ Submitting Lab**SAMPLE DISPOSAL**

We store dilutions of all libraries (both customer prepared and facility prepared) for XX years. We will only store input DNA or stock library for 6 months from submission date. If you would like your excess DNA/stock library back, please make arrangements with nextgen-seq@biotech.wisc.edu to pick up DNA.

Please initial next to the desired option:

_____ Please dispose of input DNA and/or stock library 6 months from submission date.

_____ I am responsible for making arrangements to pick up my excess DNA and/or libraries. I acknowledge that DNA and/or libraries will be disposed 6 months from submission. (Submitter and PI will be notified/reminded within the text of the email notifying them of "Illumina data ready for download.")

I have read and understand the Illumina Sequencing Policy found on the UWBC website (please initial): _____

FOR OFFICE USE ONLY:

Submission # _____ Run # _____ Run Date _____ Billing Date _____ Order # _____