Name: ____________________________ Phone: ____________________________
Date: _______________ Email (required): ______________________________________
Principal Investigator (Person Billed): ______________________________________
Fund Code or PO# (required): __________________________________________

Please print clearly: Fill out one form per sequencing run.

Experimental Details:
Total # of samples: ________
Average Lib size: ________ nt [ ] Library with adaptors? [ ] Without Adaptors?
Requested Chip Size: 314 ☐ 316 ☐ 318 ☐
Requested Read Length: 200nt ☐ 400nt ☐

1 Sample Name: ____________________________ Barcode: ______________________
2 Sample Name: ____________________________ Barcode: ______________________
3 Sample Name: ____________________________ Barcode: ______________________
4 Sample Name: ____________________________ Barcode: ______________________
5 Sample Name: ____________________________ Barcode: ______________________
6 Sample Name: ____________________________ Barcode: ______________________
7 Sample Name: ____________________________ Barcode: ______________________
8 Sample Name: ____________________________ Barcode: ______________________

Sample Type & Preparation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

All data is for research purposes only. Not for use in clinical or diagnostic procedures.