



## UKHC Genomics Core Laboratory Next-Generation Sequencing Service Request Form

Fields in red are required information

### Requester Information

Requester Name: \_\_\_\_\_

PI Name: \_\_\_\_\_

Department: \_\_\_\_\_

College/Institution: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

UKHC Account # \_\_\_\_\_

If UKHC account not established, please email the completed "Genomics Account Creation Form" to genomics@uky.edu. Samples will not be processed without prior electronic submission of this Request Form.

Markey Cancer Center Member:          Yes                  No

Is this project cancer-related?:          Yes                  No

### Service Requested

DNA Sequencing                                  Number of Samples: \_\_\_\_\_  
    Whole Genome Sequencing  
    Organism: \_\_\_\_\_

Whole Exome Sequencing

Amplicon sequencing

16S sequencing

ChIP-Seq

RNA Sequencing                                  Number of Samples: \_\_\_\_\_

Whole Transcriptome Sequencing

Targeted RNA sequencing

Library Cleanup Required?                  Yes                  No

Library Preparation Required?              Yes                  No

If yes, check the relevant box below

### Library Preparation Services

DNA-Seq (Most sample types, including FFPE)

Whole Genome Seq (WGS) PCR Free

Nextera XT DNA (Microbe and small genome WGS)

Amplicon DNA-Seq, Nextera

Targeted Resequencing -Cancer Genomic Panel (198 genes)

Whole Exome Sequencing

Agilent SureSelect Clinical Research Exome

Agilent SureSelect Full Exome

RNA-Seq (Whole Transcriptome)

Covaris Sonication  
 DNA  
 RNA  
 ChiP  
 Other

Number of Samples: \_\_\_\_\_

**Sequencing Strategy**

Single Read    Paired End  
 Single Index    Dual Index  
 MiSeq    V3    V2  
 Read Length: \_\_\_\_\_

NextSeq 2000    P1    P2    P3  
 Read Length: \_\_\_\_\_

NovaSeq 6000    SP    S1    S2    S4  
 Read Length: \_\_\_\_\_

**Sample Information** (fill out attached excel file, if needed)

**\*\*At minimum, an index length must be provided if sample or index information is to be withheld\*\***

\_\_\_\_\_

Sample Name/ID	Concentration (ng/ul)	Volume (ul)	Index 1 Sequence	Index 2 Sequence	Additional Information

Email us ([genomics@uky.edu](mailto:genomics@uky.edu)) this completed form. In addition, please provide hard copy of this form along with your samples, while submitting.

Submit samples in 1.5 ml tubes clearly labeled with sample name/ID and date. Submissions of >24 samples may be submitted in 96-well plates, with accompanying excel sheet mapping sample locations.

**If any questions, please contact:**

UKHC Genomics Core Laboratory

Room # HA629, 800 Rose Street

UK Chandler Hospital Lexington, KY 40536

Phone: 859-323-5327

Email: [genomics@uky.edu](mailto:genomics@uky.edu)