Date of Submission:_____

UKHC Genomics Core Laboratory
Sanger Sequencing Service Request Form

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

Service Requested

- ☐ Run only (Sequencing Tier 1) Number of Samples: _____
- ☐ Run with Sequencing Cleanup (Sequencing Tier 2) Number of Samples: _____
- ☐ React and Run (Sequencing Tier 3) Number of Samples: _____
  - ☐ 96-well plate
  - ☐ Tubes
  - ☐ Universal primers
  - ☐ Custom primers (provide primers in separate clearly labeled tubes)

Do you want PCR Cleanup? ☐ Yes ☐ No

- ☐ Magnetic Bead Cleanup Number of Samples: _____
- ☐ Enzymatic Cleanup Number of Samples: _____

Please provide the sample information on excel spreadsheet (downloadable from the website)

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

If any questions, please contact:

UK HealthCare Genomics Core Laboratory
Room # HA629, 800 Rose Street
UK Chandler Hospital
Lexington, KY 40536
Phone: 859-323-5327
Email: *genomics@uky.edu*

Official Use

Work Order Number: _____ Date of Submission: _____