APPLICATION FORM

PLEASE COMPLETE THIS FORM TO REFLECT THE SPECIFICS OF YOUR EXPERIMENT

1. **Experiment purpose:**

<table>
<thead>
<tr>
<th>PI name</th>
<th>Your name</th>
<th>Phone</th>
<th>Date</th>
<th>Repeat of exp from date</th>
<th>Sequencing library number*</th>
</tr>
</thead>
</table>

* The number is to allow use of previous settings for your experiment if you want a repeat run.

2. **Library Name:**

<table>
<thead>
<tr>
<th>Type</th>
<th>ChIP</th>
<th>Transcriptome (mRNA, small RNA, etc.)</th>
<th>Bisulfite sequencing</th>
<th>4C/Hi-C</th>
<th>Genomic</th>
<th>Other</th>
</tr>
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<table>
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<tr>
<th>Library size (for example 100-250bp)</th>
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<thead>
<tr>
<th>Bar coding (combination of different samples per lane)</th>
<th>Not Applicable</th>
<th>Yes, please describe:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Species</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount supplied</th>
<th>concentration:</th>
<th>measured by:</th>
</tr>
</thead>
<tbody>
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</table>
3. **Run Request**

<table>
<thead>
<tr>
<th>Number of lanes</th>
<th></th>
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</thead>
</table>
| Type of run     | □ Single end  
                    □ Paired end |
| Length of sequence | □ Single end 50 bp  
                               □ Single end 100 bp  
                               □ Paired end 50 bp  
                               □ Paired end 100 bp |
| Multiplexing runs | □ No  
                               □ Yes, primer name: ______________________________|

4. **Comments**
- For complex experiments (first time run) please discuss the strategy with the operator before submitting the library.
- Preferred library format: Qiagen EB Buffer  
                           0.1% Tween 20  
                           10 nm concentration  
                           Total Volume of at least 20 ul is preferable

Note that Invitrogen's Qubit Fluorometer is highly recommended for DNA concentration measurements. If you do not have access to one, contact the core facility for measuring the DNA concentration using their Qubit.

5. **Payment**
Please indicate the FAU you intend to transfer funds from and provide your fund manager’s name and phone extension below.

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