University of California, Los Angeles
Broad Stem Cell Research Center High Throughput Sequencing Core

Room Terasakai Life Sciences 3000
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APPLICATION FORM

PLEASE COMPLETE THIS FORM TO REFLECT THE SPECIFICS OF YOUR EXPERIMENT

1. <u>Experiment purpose</u>:

PI name	Your name	Phone	Date	Repeat of exp from date	Sequencing library number*

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

2. <u>Library Name</u>:

Type	☐ ChIP ☐ Transcriptome (mRNA, small RNA, etc.) ☐ Bisulfite sequencing ☐ 4C/Hi-C ☐ Genomic ☐ Other _____
Library size (for example 100-250bp)	
Bar coding (combination of different samples per lane)	☐ Not Applicable ☐ Yes, please describe: _____ _____ _____
Species	
Amount supplied	☐ concentration: _____ ☐ measured by: _____

3. <u>Run Request</u>

Number of lanes	
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. <u>Comments</u>
-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. <u>Payment</u>
Please indicate the FAU you intend to transfer funds from and provide your fund manager's name and phone extension below.

_ _ _ _ _ _ - _ _ - _ _ _ _ _ **FAU**

_____ **FUND MANAGER NAME**

_____ **FUND MANAGER CONTACT INFO**
Please contact BSCRC Administrator Janet Cruz at x54958 or
JanetCruz@mednet.ucla.edu **if you have any payment questions.**