## **Sequencing Service Request Form**

Department of Pathology, School of Medicine, University of Pittsburgh **High Throughput Genome Center** 

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PI Name: (Last Name, First, MI)	Sample submitter name: (Last Name, First, MI)
Department:	Lab Phone:
Contact Name:	Contact Email:
<b>University 32-digit Account Number:</b>	Date:

	Acceptable Sample Preps				Service Type			
Sample Name	Tissue (frozen or FFPE)	Cells	DNA	RNA	Sequencing Coverage Requested	ILLUMINA	OXFORD NANOPORE	Bioinformatic & Biostatistic collaboration request
	Amount (g)	Numbers	Concentration and volume	Concentration and volume				

Note: 1) Sample will not be processed without valid account number;

2) Bioinformatics and biostatistics analyses are for collaboration only. Recognition of the participants and leaders of High Throughput Genome Center as co-authors in the resulting publication(s) from such analyses is essential and appreciated.