



## UKHC Genomics Core Laboratory Next-Generation 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](mailto:genomics@uky.edu). *Samples will not be processed without prior electronic submission of this Request Form.*

Markey Cancer Center Member:            Yes            No

### Service Requested

DNA Sequencing

Whole Genome Sequencing

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

Organism: \_\_\_\_\_

Whole Exome Sequencing

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

Amplicon sequencing

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

16S sequencing

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

RNA Sequencing

Whole Transcriptome Sequencing

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

Targeted RNA sequencing

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

ChiP-seq

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

Methylation-Seq

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

\* Amplicon cleanup has been performed            Yes            No

Library Preparation Required            Yes            No

If yes, check the relevant box below

### Library Preparation Services

TruSeq DNA PCR Free

TruSeq Nano DNA

TruSeq Standard Total RNA

Whole Genome Methylation

Nextera XT DNA

Nextera DNA

Targeted Resequencing -Cancer Genomic Panel (198 genes)

Whole Exome Sequencing

Agilent SureSelect Clinical Research Exome

Nimblegen Medical Exome

**Concentration/Quality Measured By:**

- Bioanalyzer
- Picogreen
- Qubit
- QPCR
- Agarose Gel

**Sequencing Strategy**

- Single Read
- Paired End

**MiSeq**

Read Length: \_\_\_\_\_  
 Entire flowcell                      Partial flowcell  
 If partial, talk to Genomics Center staff

**HiSeq 2500 Rapid Run**

Read Length: \_\_\_\_\_  
 Entire flowcell                      1 lane of split flowcell                      2 lanes of split flowcell  
 If partial lane, talk to Genomics Center Staff

**HiSeq 2500 High Output**

Read Length: \_\_\_\_\_  
 Number of lanes: \_\_\_\_\_  
 If partial lane, talk to Genomics Center staff

**Sample Information** (provide an excel file, if needed)

Sample Name/ID	Concentration ng/ul	Volume (ul)	Bioanalyzer Concentration (in nM)	QPCR Concentration (in nM)	Index 1	Index 2	Other 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

**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)

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**Official Use**

Work order Number: \_\_\_\_\_

Date of Submission: \_\_\_\_\_