

Lab Contact Information



UB Next-Generation Sequencing and Expression Analysis Core Roche/454 GS FLX Titanium Sequencing Sample Submission Form

Please print both pages of this form and bring a completed and signed copy with you when you drop-off or ship samples to the UB Next-Gen Sequencing and Expression Analysis Core for GS FLX Titanium Sequencing Services. We will not accept samples unless accompanied by this signed and completed form.

PI Name	Technician Name		
Institution/Business	Email SUNY at Buffalo Researchers Only – How will you be paying for your GS FLX Titanium Sequencing Services (Research Foundation Account, State Account, etc.)?		
Address			
City/State/Zip			
Phone			
Email			
Experimental Design Information			
What type of GS FLX Titanium Run will you b	pe doing (circle one)?		
Shotgun 3kb Paired End 8kb Paired End	20 kb Paired End Amplicon		
How many sequencing runs?	How many samples?		
Do you want to use MIDs (circle one)? Yes N	No		
How many regions should the sequencing plate	e be divided into (circle one)? 2 4 6 8		
	design in the space below. Please include your multiplexing plans IDs and which samples should be pooled, if applicable. If more uch additional pages to this form.		

Sample Information

The following information is required for each sample that you are bringing to the UB Next-Gen Sequencing and Expression Analysis Core for GS FLX Titanium Sequencing Services. For all sample types, confirm that each sample name is unique and that the name written on this form matches the name written on the sample tube. Provide the sample volume, concentration, and measurement method. Attach an agarose gel image of the samples to this form and make sure to clearly label the sample wells and ladder sizes. For shotgun and paired end samples only; provide the 260/280 ratio and identify the method that was used for DNA extraction or indicate that you would like the UB Next-Gen Sequencing Core to extract DNA from bacterial pellets provided by the researcher. If you used a method other than the recommended Qiagen Genomic Buffers Set in conjunction with the Qiagen Genomic-Tip Protocol, attach a copy of your protocol and confirm that your samples have been RNase treated. For amplicon samples only; attach a description of your PCR amplification conditions and list all of your primer sequences. Indicate which amplicons were amplified with which primers, the exact amplicon size (base pairs), and which samples should be pooled together. If you are unable to provide any of the required information for your samples you must contact us prior to dropping off samples to discuss alternative options.

Please check the appr Agarose gel image	-		types)?		
bacterial DNA e	xtraction	services (shot	gun and p	paired end only)?	en Genomic-Tip Protocol or our
☐ Description of P	CR ampli Volume	ification condi	tions and 260/280	fusion primers attache Measurement Method	ed (amplicon only)? Method of Extraction (Qiagen Genomic-Tip, Phenol-
Sample Name	(µL)	(ng/µL)	Ratio	(NanoDrop, Spec, etc.)	Chloroform, UB Core Extraction, etc.)
* Please attach another sample sh	eet if more spa	ce is needed			
or schedule an appointment projects. Samples should b at the New York State Cent 14203. There is a reception	to make sure brought to er of Excell hist at the enuples. Alter	re that a techniciar the University at ence in Bioinform trance of the COE natively, samples	n will be ava Buffalo Nex atics and Li who will be	nilable to accept your sample kt-Generation Sequencing an fe Sciences Building (COE) e able to let you in the buildi	y-Friday 9:00am-3:00pm. Please call ahead s as we are often busy working on other d Expression Analysis Core Facility (B3-123 located at 701 Ellicott Street in Buffalo, NY ng and contact us to let us know that there is he below address, but please email or call to
Technician/Student/Post-Do Signature of this form acknown Analysis Core GS FLX Tita researcher financial response	oc preparing owledges the anium Seque sibility requires cessary for	the samples sign at the PI and Tech encing Services Do rements. Signatur the researcher's se	below acknomician/Stude ocument and re of this for quencing pr	owledging that all of the info ent/Post-Doc have read the U d agree to all sample submiss m authorizes the UB Next-C	nencing Services and the Research ormation provided on the form is correct. JB Next-Gen Sequencing and Expression sion, quality, quantity, project scheduling, and Gen Sequencing and Expression Analysis Corl is financially responsible for items ordered
Principle Investigator	Signatur	·e			
Technician/Student/PostDoc Signature					Date
Contact Informati					
Contact Information UB Next-Generation Sequencing and Expression Analysis Core Facility (B3-123)			lity (B3-123)	UB Next-Gen Sequencing Core Use Only Technician receiving samples:	
State University of New York State Center of F			nd Life Scie	ences	Date Received:

of Samples:

Comments:

Sample Location:

701 Ellicott Street

Buffalo, NY 14203

phone: (716) 881-7514

email: cbi-ubnextgencore@buffalo.edu