



# CENTRE FOR GENOMIC SCIENCES

LI KA SHING FACULTY OF MEDICINE

THE UNIVERSITY OF HONG KONG

香港大學李嘉誠醫學院基因研究中心

## Solexa Service Request Form

Website: cgs.hku.hk

Contact Person: Tiky / ChengWei / Levina / Wilson

Contact No: 2831-5478 / 2831-5477

Email: nextgenseq.cgs@hku.hk

Order No.: SS-

### User / PI Information

P.I. Name:	P.I. Email:	Project Name/ID:
User Name:	User Email:	
Billing Address:		Department:
User Contact No.:	Fax:	Billing Account: _____
User Signature:		Sample Submission Date (yyyy-mm-dd):

Project Type	Quantity	For Official Use	
<input type="checkbox"/> <b>Standardized Services:</b> Price obtained from CGS <input type="checkbox"/> Human Exome Sequencing \$ _____ per sample <input type="checkbox"/> PolyA + mRNA Sequencing \$ _____ per sample <input type="checkbox"/> rRNA depleted RNA Sequencing \$ _____ per sample <input type="checkbox"/> Small RNA Sequencing \$ _____ per sample		Sample received by :	Date
		<input type="checkbox"/> Gel photo(s) <input type="checkbox"/> Sample list (print out) <input type="checkbox"/> Sample list (MS Excel)	
		<b>Sample Tracking</b>	Sign   Date
		Sample passed QC and user confirmed	

<input type="checkbox"/> <b>Sequencing Only Service</b> \$ _____ per lane		Remarks:
<input type="checkbox"/> <b>Customized Services (provide signed quotation for reference):</b> CGS Quotation # _____		

Sequencing Requirement	Quantity
<b>Sequencing length</b> <input type="checkbox"/> 2 x 100 bp <input type="checkbox"/> Others: _____	
<b>Multiplex sample number per sequencing lane</b> <input type="checkbox"/> 6 samples per lane <input type="checkbox"/> Others: _____	

Data Analysis
<input type="checkbox"/> Not required <input type="checkbox"/> Standard Bioinformatics Service <input type="checkbox"/> Custom Bioinformatics Service (please enquire)

<b>Note:</b> - Please select options as appropriate. - For further information, please refer to our website: "cgs.hku.hk". - We <b>DO NOT</b> accept any sample with potential biohazard. - Please follow precisely the instructions stated in our website or provided by our staff. - Please email the file of sample information to our staff before sample submission. - Centre for Genomic Sciences has no obligation for failed service requests if users do not follow instructions given and/or provide insufficient information to our staff. - Users have the responsibility to perform quality control of samples submitted. - Users should follow the existing queue for Solexa service. - For personal data protection, please be reminded that the submitted sample IDs should <b>NOT</b> carry any personal information such as the HKID or passport numbers, the laboratory numbers of patient reports, or the patient IDs of hospitals. <b>* For Research Use Only. Not for use in diagnostic procedures.</b>	Library QC Illumina sequencing Remarks: Raw data delivery Invoice Remarks:
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Special Remarks	<b>Payment (For Official Use)</b> <table border="1"> <thead> <tr> <th>Service Options</th> <th>Unit price</th> <th>Qty</th> <th>Sub total (HK\$)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3"><b>Total:</b></td> <td> </td> </tr> </tbody> </table>	Service Options	Unit price	Qty	Sub total (HK\$)																	<b>Total:</b>			
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<b>Important Reminder:</b> CGS will order/reserve reagents for this project once PI has signed this service request form. Most NGS reagents come only with 3-month shelf-life and samples submitted are expected to meet all QC criteria. PI will be responsible for the cost of expired reagents due to delay in QC-passed sample submission.	Job done by: _____ Date: _____ QA/QC Supervisor: _____ Date: _____
P.I. Signature (with Date): _____	