

Keck Genomics Platform USC

Next Generation Sequencing Service Request

1450 Biggy Street, NRT 2510
Los Angeles, CA 90033
Phone: (323) 865-1595

Please submit this service request form to KGP@usc.edu prior to delivering your samples to NRT 2510.

REQUESTOR INFORMATION		
Principal Investigator:	Phone:	Email:
Institution/Department:	Dept. Code:	
Street Address:		
City:	State:	Zip Code:
IRB/IBC/BUA#:	Phone:	Email:
Is PI a USC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please fill out completely and in detail to avoid processing delays.

EXPERIMENTAL INFORMATION		
Date of Request:		
Project Name:		
Disease, Medical Condition, or Area of interest for Project:		
Project Description:		
Application Type (e.g., RNA-Seq, DNA-Seq, WES, miRNAseq, ChIPseq, etc.):		
Application System: <input type="checkbox"/> Illumina NovaSeq 6000 <input type="checkbox"/> Illumina MiSeq		
Sample Submitted: <input type="checkbox"/> gDNA <input type="checkbox"/> Small RNA <input type="checkbox"/> mRNA <input type="checkbox"/> Total RNA <input type="checkbox"/> DNA Library <input type="checkbox"/> ChIP Library		
<input type="checkbox"/> Other - please specify		
Sample/Library source (specific tissue, tumor, germline, etc):		
Will customer be making libraries: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If customer made library, which was kit used:		
If no, Sample/Library Purification Method:		
What was sample (DNA or RNA) eluted with (e.g., Tris-HCl, Low TE, water, etc.):		
Reference Genome/Species:		
Concentration Measured By: <input type="checkbox"/> Nanodrop <input type="checkbox"/> Qubit <input type="checkbox"/> Bioanalyzer <input type="checkbox"/> qPCR <input type="checkbox"/> Other:		
Requested Library Prep: <input type="checkbox"/> Single Read <input type="checkbox"/> Paired End <input type="checkbox"/> Barcoded <input type="checkbox"/> Other:		
Depth of Coverage Required/Number of Reads:		
Read Length (e.g., 1X50, 1x75, 1x100, 2X50, 2x75, 2X100, 2x150, 2x250):		

DATA ANALYSIS INFORMATION

What type of analysis would you like KGP to perform?:

- Sequencing Only
- Sequencing + Demultiplex with generated FASTQ files and delivery
- Sequencing + Demultiplex + KGP pipeline (uses reference genome per customer request [GRCh37/GRCh38]). Deliver FASTQ files, BAM Files, and other pipeline analysis outcomes

How would you like your data to be delivered?

- Globus Specific CARC location (For USC PI only)
- Other – Please Specify

If samples submitted have not been QC'd, additional charges will apply. If traces are available, please attach to this form.

SAMPLE INFORMATION						
Sample #	Sample Name	Concentration (ng/ μ L)	Volume (μ L)	Multiplex Group (Ex: A, B, etc.)	Sample Source	Additional Info (e.g., barcode)
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2						
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BIO-SAFETY FACILITY QUESTIONNAIRE - MANDATORY

The KGP BSL2+ Facility accommodates researchers using biological materials from various sources that may contain known or unknown human pathogens. In order to insure safe and appropriate working conditions for all users of the facility, accurate and complete information about the agents you propose to use is needed to maintain appropriate biosafety standards.

Please fill out this form COMPLETELY and have it signed by the principal investigator before experiments begin. The KGP staff will review the form as part of the training and facility access process, and keep it on file. IF NEW BIOHAZARDS ARE ADDED at a future date, IT IS YOUR RESPONSIBILITY TO UPDATE THIS FORM.

Do you have current Institutional Biosafety Committee (IBC) approval or Institutional Review Board (IRB) approval for this project? (Check all that apply)

- Yes**
- IBC and/or IRB Approval Pending.** Access cannot be granted until approval is obtained. Contact the EH&S Biosafety Office at (323) 442-2200.
- Exempt. Verify exemption with EH&S. Attach copy of IBC letter of exemption.**
- No ICB/IRB Approval Needed.**

List type of materials to be used, and sources (i.e., mouse spleen cells, human peripheral blood mononuclear cells, cells from an animal en-grafted with human cells, viruses etc.); for cell lines, describe cell origin.

Does the sample contain any known infectious agent(s)? Yes No

If yes, list infectious agents (*must be listed on your IBC approval letter with the proper containment indicated*):

Were the cells genetically engineered? Yes ___ No ___

If yes, how were they genetically engineered? Was a gene therapy virus (adenovirus, retrovirus, lentivirus, herpesvirus, etc.) used to transfer genetic information to the cells?

If yes, describe method in detail, attach vector map and show packaging cell line.

I have read above questions carefully and certify the information provided to be correct.

PI or Supervisor Signature: _____ **Date:** _____

Researcher Signature: _____ **Date:** _____