Next Generation Sequencing (NGS) Service- Enquiry Form

Customer Information

Name: Date:

PI/Supervisor: Email:

Institute: Phone/Mobile Number:

Address:

Project Description:

Kindly describe your project objectives, application, and experimental plan

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Sample Information

1) Sample Species Name:
2) Genome Size:
3) Reference Genome Accession No. (If known):
4) Starting Material:

☐ gDNA	☐ small RNA
☐ Total RNA	☐ PCR Product: _____ bp
☐ mRNA	☐ Others (please state):

5) No. of samples (state if multiplexing):

Service Information

1) What service would you require?

☐ Library preparation only

☐ Library preparation and Sequencing

☐ Library Preparation, Sequencing and Bioinformatics analysis

(Kindly attach any relevant references if any (e.g. publications on the type of data analysis required), so that we

may provide an accurate quotation)

2) Type of NGS Application:

☐ 16s Metagenomic Sequencing

☐ Bacteria Whole Genome Sequencing

☐ Bacteria Transcriptome Sequencing

☐ Shotgun Metagenome Sequencing

☐ Exome Sequencing

☐ Small RNA Sequencing

☐ Others (Please specify)

3) Features of runs available (if any)

☐ Illumina MiSeq

☐ Illumina HiSeq

☐ Illumina NextSeq

4) Sequencing requirements:

Minimum reads per sample:

☐ Not sure, please advise

OR

Minimum coverage per sample:

☐ Not sure, please advise

5) Read Length

☐ Not sure, please advise