**Clinical Genomics Center**

**Sample Submission Form**

*Ship or deliver samples to:*

*Clinical Genomics Center*

*c/o Graham Wiley*

*Oklahoma Medical Research Foundation*

*825 NE 13th Street, Research Tower Rm 2101*

*Oklahoma City, OK 73104*



**Sample Requirements**

**DNA:**

DNA- ≥100ng in ≤60uL of H2O or 10mM tris

For Exome- 700+ng in 60uL H2O or 10mM Tris

**RNA:**

1ug in a wet ethanol pellet

**Shipping and Delivery Instructions**

*Please ensure there is sufficient refrigerating material with your samples. The Genomics Core is not responsible for samples which are compromised due to improper shipping.*

Ship all samples overnight for next day delivery on dry ice. Please email the tracking number to [bebakm@omrf.org](mailto:bebakm@omrf.org). If hand carried to the lab samples may be transported on ice.

Please complete this form and submit it with your samples. You may send a copy of this form with the samples or email the form to [bebakm@omrf.org](mailto:bebakm@omrf.org)

***Your samples* WILL NOT *be processed until payment information is received.***

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| **1. Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Submitter Name | | | | | | | |  | | | | | |  | | | | | | | | | | | | email | | | | | | | | | |  | | | | | | | | | |  | | | |  |
|  | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | |  | | | | | | PO# | | | | | | | | | | | |  | | | | | Project Name | | | | | | | | | |  | | | | |  | | | |  |
|  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |
| PI/Lab Name | | | | | | | |  | | | | | |  | | | | | Phone | | | | | | | | | | | | | | | | |  | | | | | email | | | | | | | | |  |
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| Institution | | | | | | | |  | | | | | |  | | | | | Department | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  |
| **2.Institution Billing Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Contact Name | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | Phone | | | | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  |
| Department | | | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | Fax | | | | | | | | | |  | | | |  |
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| Address | |  | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | email | | | | | | | | | |  | | | |  |
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| City | |  | | | | | | State | | | | | |  | | | |  | | |  | Zip | | | | | | | | |  | | | | | PO# | | | | | | | | | |  | | | |  |
| **3. Sample Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Type: | | | | DNA | | | | | | | | RNA | | | | | Amplicon | | | | | | | | | | | | | FFPE DNA | | | | | | | | | | | | | | | | Library | | | | |
|  | |  | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | |  |
| Number of Samples: | | | | | | | |  | | | | | | Samples per Pool (Libraries): | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Species: | | | | | |  | | |
|  | |  | | | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |  |
| Sample Format: | | | | | Tube | | | | | | | | | Plate | | | | | | | | | | | | Plate Map(s) Included: | | | | | | | | | | | | | | | | | | With Shipment | | | | | | |
|  | |  | | | | | |  | | | | | |  | | | | | | | | | | | |  | |  | | | |  | | | | |  | | |  | | | | Via email | | | | | | |
| **4. Sample Preparation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are providing ready to load libraries please indicate the kit used: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Please include a list of samples and indexes used. | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | |
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| If we are generating libraries for you please indicate your preferred kit, if known: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **5. Sequencing Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Run Type: | | MiSeq | | | | | | | | | HiSeq 3000 | | | | | | | | | NextSeq 500 | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| Read Length: | | |  | | | | | | | | | | | | | PE | | | | | | | | | SR | | | | | | | | | |  | | | | | | | | |  | | | | |  | |
|  |  | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | |
| Number of Lanes: | | | | | | |  | | | | | | | Number of Flowcells: | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | | |
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| **6. Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data Types Desired: | | | | | | | | | demultiplexed fastq | | | | | | | | | | | | | | | | | | un-demultiplexed fastq | | | | | | | | | | | | | | | | | | | | bcl | | | |
| Delivery Method: | | | | | | BaseSpace | | | | | | | | | | Email Link | | | | | | | | | | | | | Other | | | | | | | | | |  | | | | |  | | | | |  | |
| BaseSpace/Email Account: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | |
| Other Location Information: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. Project Information- please be as detailed as possible** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please attach a pedigree diagram if applicable.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Phenotype(s): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Relationships: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gene(s) of Interest: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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For information on the Bioinformatics Support offered by the Genomics Core, please visit our [website](http://omrf.org/research-faculty/core-facilities/next-generation-sequencing/).