**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. 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

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

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| --- |
| **1. Contact Information** |
|       |  |       |  |
| Submitter Name |  |  | email |  |  |  |
|       |  |       |       |
| Phone |  |  | PO# |  | Project Name |  |  |  |
|       |  |       |  |       |
| PI/Lab Name |  |  | Phone |  | email |  |
|       |  |       |  |  |  |
| Institution |  |  | Department |  |  |  |
| **2.Institution Billing Information**  |
|       |  |       |  |
| Contact Name |  |  |  | Phone |  |  |
|       |  |       |  |
| Department |  |  |  | Fax |  |  |
|       |  |       |  |
| Address |  |  |  |  | email |  |  |
|       |  |       |  |       |  |       |  |  |
| 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. |  |  |  |  |
|  |  |  |  |  |  |  |  |
| If we are generating libraries for you please indicate your preferred kit, if known: |       |
|  |  |  |  |  |  |  |  |
| **5. Sequencing Information** |
| Run Type: | [ ]  MiSeq | [ ]  HiSeq 3000 | [ ]  NextSeq 500 |  |  |  |
| Read Length: |  | [ ]  PE | [ ]  SR |  |  |  |
|  |  |  |  |  |  |  |  |
| Number of Lanes: |       | Number of Flowcells: |       |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **6. Data**  |
| Data Types Desired: | [ ]  demultiplexed fastq | [ ]  un-demultiplexed fastq | [ ]  bcl |
| Delivery Method: | [ ]  BaseSpace | [ ]  Email Link | [ ]  Other |  |  |  |
| BaseSpace/Email Account: |       |  |  |  |
| Other Location Information: |       |
|  |
|  |  |  |
| **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: |       |
|  |
|  |

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/).