

UB Genomics and Bioinformatics Core Project Planning Request

Please print both pages of this form and bring a completed and signed copy with you when you drop-off or ship samples to the UB Genomics and Bioinformatics Core for quality control services. We will not accept requests unless accompanied by this signed and completed form. This form will be used to assist us with determining the best possible outcome for your request.

Lab Contact Information

PI Name _____ Institution/Business _____
Address _____ City/State/Zip _____
Phone _____ Email _____

Experimental Design Information

- 1) How many samples? _____ Genomic DNA total RNA mRNA
2) What type of sample(s) are you providing (circle one)? ChIP DNA Amplicon
Other: _____
3) What organism is your sample(s) prepared from? _____
4) What is your replicate design? _____
5) Will you need assistance with Bioinformatics? _____
6) What depth of sequencing will your project require? _____
7) Have you used the Genomics and Bioinformatics Core before? _____
8) Grant Funding Source and Number (ex. NIH) _____
9) Would you like a quote? _____

Provide a brief description of your samples, your project design and analysis strategy. If more space is needed for the description, you may attach additional pages to this form.

Required Signatures

Please have both the Principle Investigator (PI) that will be paying for the quality control services and the Research Technician/Student/Post-Doc preparing the samples sign below acknowledging that all of the information provided on the form is correct. Signature of this form acknowledges that the PI and Technician/Student/Post-Doc have agree to all sample submission, quality, quantity, project scheduling, and researcher financial responsibility requirements. Signature of this form authorizes the UB Genomics and Bioinformatics Core to order all consumables necessary for quality control of the researcher's samples and confirms that the PI is financially responsible for items ordered for their project and all labor cost associated with the project.

Principle Investigator Signature _____ **Date**_____

Technician/Student/PostDoc Signature _____ **Date**_____

Contact Information

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Genomics and Bioinformatics Core Use Only

Technician reviews request:

Date Received:

Changes to initial project design: