

Genomics & Bioinformatics Core Facility

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Project Information Form: Illumina Sequencing Services

Instructions: Fill-in the information below, including all relevant information.
Please send completed form to **stephens.49@nd.edu**.

Date (MM/DD/YYYY)

Project ID#
(Office Use ONLY)

Contact Information

Primary Investigator
(First & Last)

Organization/
Institution

Department

FOAPAL / PO#

Primary Experimenter
(First & Last)

Laboratory Name

E-mail address

Phone Number

Project Information

Project Description: Please provide details, including scientific goals and experimental design.

continued on next page

Project Information (continued)

Sample Type

Species &
genus

Organismal type

Classification

Extraction / Isolation Method: Provide the name of the kit or a general description of the extraction/isolation method used.

Resuspension Solution

Number of samples

Any other information you'd like to include or specific requests you may have, please explain here.

Additional Information

Do you need to schedule a consultation for project development?

Yes

Yes, but at a later time

No

Undecided / Not Sure

Do you need Bioinformatics support for data processing and/or analysis?

Yes, I definitely need support

Yes, but a limited need of support

No

Undecided / Not sure

[End of Form]