



LOMA LINDA UNIVERSITY

School of Medicine

Loma Linda University Center for Genomics

11201 Campus St., Alumni Hall, Room 121, Loma Linda, California 92350

Service Order, Sample Submission Form

For CFG Official Staff Use Only

Order Received By _____
 Order Received Date _____
 Sample Type _____

 Sample # Received _____
 Order ID _____
 Experiment Name _____
 Project Finish Date _____

Purposes

1. This form is required to be filled out for the samples submission for RNA or DNA sequencing services using the Illumina NextSeq 550, HiSeq 4000, MiSeqDX systems and/or other related instruments.
2. Our Center is partially supported by the NIH S10 grant, the Office of the Director, National Institute of Health under Award Number S10OD019960 and/or Ardmore Institute of Health grant 2150141 and/or Dr. Charles A. Sims' gift. Additional information collected is for the annual progress report of the NIH grant and for our Center's future development.
3. When relevant and when informed by the Center, it is required to include an acknowledgement statement, i.e., "Research reported in this publication was partially supported by the Office of the Director, National Institute of Health under Award Number S10OD019960 and/or by the Ardmore Institute of Health grant 2150141 and/or Dr. Charles A. Sims' gift", in any publications including paper and conference abstracts.

4. By filling out and signing this form, the user (PI) agrees to pay for all the accrued costs. We appreciate your cooperation. If you have any questions about this, please contact Dr. Charles Wang (chwang@llu.edu). Thank you.

User (PI) Signature: _____

Date: _____

A completed and signed form is required to process your samples.

Item A: General Information

PI	_____	Contact Phone	_____
PI Phone	_____	Contact E-mail	_____
PI Email	_____	Funding Resource	_____
Institution	_____	Grant No.	_____
Department	_____	Grant Title	_____
Project Title	_____	Funding Period	_____
Cost Ctr or Check	_____	NIH S10 Grant User	_____
Project Contact	_____	User Category	_____
IACUC/IRB No.	_____		
Mailing Address	_____		

Item B: Experimental Factors

Factor and Group	Description	Factor Category

Item C: Study Summary

Study Aims

Hypothesis

Relevance & Significance

Item D: Experimental Design

General Description

Design Type

Genomics Technologies

Experiment Design

Item E: Sample Description

Sample Type (e.g. RNA/DNA)

Extraction Protocol and Date

Species and/or Strain

Sample Replicate Type

Replicates in Each Group

No. of Groups

QC Requests (Y/N)

Other

Item F Sample Source Information

Information will be stored into Laboratory Information Management System for further tracking, please fill out as accurately as possible. NA for not applicable items. *If preferred, an attached Excel spreadsheet with the necessary information will be suffice.*

Sample ID	RNA or DNA Conc.	OD 260/280	OD 260/230	Strain or Cell Line	Organ	Cell Type	Disease State	Sex	Age	Treatment	Dose	Time Point	Remarks Or RIN#

