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. Additional information collected is for the annual progress report of the NIH grant and for our Center's future development.

3. Relevantly if informed by the Center, we would like you 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 Health Institute grant 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#

Item F- cont. 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.*

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