

**Illumina Genome Analyzer
External Request Form**

Contact/Billing Information

PI Name: P.O. Number:
 Contact Name: Signature:
 Contact Phone: Date:
 FRED Account ID/E-mail:

REQUIRED Library Information

Library Concentration*: Custom Amp Primer? Yes No
 Library Length (bp): GA Kit Cycle: 36 26 18
 Illumina Sample Prep Kit: Extra Manifold? Yes No

***Libraries MUST be 10nM and in a volume of 10ul upon submission. It is the responsibility of the submitting researcher to QC their library as per Illumina's protocol before submitting for analysis and to list accurate library information above.**

	Library ID	Run Concentration (1-4pM)	Primer	
Flowcell ID:	Lane 1			
	Lane 2			
	Lane 3			
	Lane 4			
	Lane 5	phiX Control DNA	2pM	
	Lane 6			
	Lane 7			
	Lane 8			

Date GA Run Completed:

FBI QC Report Printed/Saved:

<u>Internal Use Only</u>	PI Name: <input type="text"/>	P.O. Number: <input type="text"/>
	Institution: <input type="text"/>	Customer Number: <input type="text"/>
_____	Illumina 26 Cycle Genome Analyzer	(GRH_0001)
_____	Illumina 36 Cycle Genome Analyzer	(GRH_0003)
_____	Illumina 26 Cycle Genome Analyzer, 10+ Runs	(GRH_0002)
_____	Illumina 36 Cycle Genome Analyzer, 10+ Runs	(GRH_0004)
_____	Illumina Genome Analyzer Extra Cycle	(GRH_0005)
_____	Illumina Manifold	(GRH_0006)
\$ _____	Illumina Special Projects	(GRI10003)