

**Illumina Genome Analyzer
FHCRC Internal Request Form**

Contact/Billing Information

PI Name: _____ Project ID: _____
 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
 Sample Type: _____ 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: _____

F.B. Report Printed/Saved: _____

<i>Internal Use Only</i>	PI Name: _____	Project ID: _____
_____	Illumina 26 Cycle Genome Analyzer	(GRH10001)
_____	Illumina 36 Cycle Genome Analyzer	(GRH10003)
_____	Illumina 26 Cycle Genome Analyzer, 10+ Runs	(GRH10002)
_____	Illumina 36 Cycle Genome Analyzer, 10+ Runs	(GRH10004)
_____	Illumina Genome Analyzer Extra Cycle	(GRH10005)
_____	Illumina Manifold	(GRH10006)
\$ _____	Illumina Special Projects	(GRI10003)