

## Pyrosequencing Sample Submission Form

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Order No.:

User Information							
P.I. Name:	P.I. Email:	P.I. Email:			Department:		
User Name:	User Email:	User Email:					
Billing Address:				Tel:	Fax:		
Signature: Billing Account/Grant: Expired Grant D		Expired Grant Date	te: Sample Submission Date:				
Service			For Official Use				
Type of Service:			Sample received by:		Sign Date		
☐ SNP and mutation analy sis							
☐ Quantitative analysis of CpG methylation			□ Sample input file (print out) □ Sample input file (xls file)				
□ Others.			Process Tracking				
☐ Others:					Sign	Date	
All pyrosequencing services are for research use only			Sample prep	aration and run			
			Data QC				
			Sample ID		Signal Strength	Signal Pattem	
Comple Inf	ormation.						
Sample Inf							
Sample Storage: □RT □	4°C □-20°C	□-80°C					
<i>Biohazard Samples:</i> □Yes □	] No						
Samples:  We DO NOT accept any sample with potential biohazard.  Provide your samples in a 96-well plate if more than 8 samples are submitted.  Provide specific and clean PCR products (i.e. without primer dimers and non-specific products) between 2 pmol and 5 pmol.  All samples have to be standardized to the same volume within 20-50 µL.  Primers:  Provide sequencing primer at 20 µM; at least 1.5 µL per sample.  Documentations:  Print out of sample input file  Please fill in the assay information below.  For more than 5 assays or if information cannot be input clearly the space below, use separated document					Sign	Date	
			Generation of	of reports			
			Reports sent to user				
			DO/Inv oice to user				
			Remark				
Assay name	Seq primer name	No. of Samples		Payment (I	For Official Use)		
1			Serv	ice Options	Qty	Sub total (RM	
2							
3							
4			Total:				
5			Job done by	:	Date:	1	
Standardize sample volume (20-50 µL):	Total:		Supervisor:		Date:		
σιαααιαίεο σαπιρίο Volumo (20 σο μΕ).	iotai.						