



MOUNT SINAI
SCHOOL OF
MEDICINE

Pacific Biosciences RS Sequencing Request Form

Genomics Core Facility

Institute for Genomics and Multiscale Biology

Icahn Building 13-02

next-gen-gcf@mssm.edu

<http://www.mssm.edu/research/institutes/genomics-institute/genomics-core-facility>

Date of Submission: _____ Principal Investigator: _____ [Required]
 Submitter Name: _____ Fund Acct #: _____ [Required]
 Submitter Email: _____ P.I. Signature: _____ [Required]
Signature indicates PI agrees to pay for sequencing services

Instructions:

- Provide at least **5µg** of high quality total DNA or PCR products
- Please include a photocopy of the QC gel showing DNA is high molecular weight >12kb.

Sample Type

- Genomic DNA
- Amplicon
- cDNA

Library Size

- 250nt
- 1kb
- 6kb
- Other _____

Movie Length

- 45 min x 2
- 90 min x 1

Multiplex

- None
- _____ x cell

SMRT Cells to use

_____ x Sample

| Sample Name | Organism | Conc. determined by Nanodrop or Qubit | Conc. (ng/µl) | Volume (µl) |
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How many reads do you need per sample? _____ (x 1,000)

Provide a brief description of your experimental design in the space below.

Sample accepted by: _____