



ACRF Centre for Cancer

Genomic Medicine

Illumina Request Form

Name		Date	Date ordered		
Institute and group					
Address					
Email		Phone			
Cost centre		Autho	Authorising signature		
Illumina Sequencing Requ	ired				
☐ Whole gDNA					
☐ Whole Exome	□ Roche	capture	☐ Agilent capture		
☐ Methylated Enriched					
☐ ChIP Enriched					
☐ Whole RNA					
☐ Small RNA					
Service required					
☐ Library Preparation	☐ Cluster	Generation	☐ Sequenc	ing	
☐ Barcoding		No. of Samp	les per Lane		
☐ 150 bp Fragment Sequencing ☐ 2		□ 2 x 150 b	p Paired End	□ bp Mate Pair	
□ 100 bp Fragment Sequencing □ 2		□ 2 x 100 b	p Paired End		
☐ 50 bp Fragment Sequence	ing				



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Special instructions					
O-maria Na	Occupie Name				
Sample No.	Sample Name				
		Barcode req.	Concentration	Size	ULN
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Office use or	nly				
□ Sample re	eceipt checked		☐ Library	Preparatio	n

Office use only	
☐ Sample receipt checked	☐ Library Preparation
☐ Template Preparation	☐ Sequencing