

### BGI Sequencing Service Request Form

User Information	
User name:	User E-mail:
Tel no:	Department or School:
Supervisor's name:	Account no. to be charged:
User's signature:	Date:

Sequencing Requirement	
MGIEasy Library Preparation Kit WGS/WES <input type="checkbox"/> Universal DNA <input type="checkbox"/> FS DNA <input type="checkbox"/> Plasma Cell-free DNA <input type="checkbox"/> RAD <input type="checkbox"/> Exome _____ RNA Seq <input type="checkbox"/> mRNA <input type="checkbox"/> RNA Directional <input type="checkbox"/> Small RNA Others <input type="checkbox"/> App-A <input type="checkbox"/> Whole Genome Bisulfite <input type="checkbox"/> ChIP-Seq	
Instrument and Sequencing kit BGISEQ-500RS <input type="checkbox"/> SE50 <input type="checkbox"/> PE50 <input type="checkbox"/> PE100 <input type="checkbox"/> App-A (PE100) <input type="checkbox"/> SE50 (Small RNA) MGISEQ-2000RS <input type="checkbox"/> SE50 <input type="checkbox"/> PE100 <input type="checkbox"/> PE150 <input type="checkbox"/> App-A (PE100)	
Read Types: <input type="checkbox"/> Single Read <input type="checkbox"/> Paired-End	Read Cycles: _____
Index Read Cycles: _____	Number of library: _____
Library 1: Average Library Size (bp): _____	Library Concentration (ng/μL): _____
Library 2: Average Library Size (bp): _____	Library Concentration (ng/μL): _____
Supervisor's Signature*:	Date:

\*Supervisor please read and sign for terms and conditions in the next page as well.

For Official Use Only			
Request Form Submission Date: _____			
Sequence Kit Ordered Date: _____		Sequence Kit Arrival Date: _____	
Sequence Kit Charge: _____	Service Charge: _____	<b>Total Charge:</b> _____	
Library Received Date: _____			
DNB Concentration (by Qubit ng/ μL)	Library 1	Date: _____	Concentration: _____
	Library 2	Date: _____	Concentration: _____
Sequencing Result	Start Date: _____	Complete Date: _____	Raw Data Delivery Date: _____
Folder name: _____			
Lane 1	DNB number: _____	R1 Q30%: _____	R2 Q30%: _____
Lane 2	DNB number: _____	R1 Q30%: _____	R2 Q30%: _____
Remarks: _____			



### Terms and Conditions

<b><u>General policy</u></b>	<b>Initial</b>
1. BioCRF does not accept any sample with potential biohazard.	
2. This service is for Research Use Only. The reagent has not been approved, cleared, or licensed by the United States Food and Drug Administration or any other regulatory entity whether foreign or domestic for any specific intended use, whether research, commercial, or diagnostic.	
3. BioCRF will order and reserve reagents for this project once the PI has submitted this service request form. PI is responsible for the cost of expired reagents (reagents guaranteed shelf life is 3 months) due to delays in sample submission (i.e. sample quality control issues).	
4. BioCRF does not provide any bioinformatics support for data analysis.	
5. BioCRF makes no representations and extends no warranties of any kind, either express or implied. The results are provided by BioCRF to user "as is".	
<b><u>Sample submission and quality policy</u></b>	
<p>A sample goes into queue only after the reagent cost and sample are received. If a sample does not pass our incoming QC, we will not proceed with the sample until incoming QC is met (or PI can sign a waiver to override this). BioCRF is not responsible for the performance of a library or cDNA sample sequenced on the BGI sequencing machine. The following items are required for sample submission:</p> <p>Checklist:</p> <ol style="list-style-type: none"><li>1) Bioanalyzer or Fragment Analyzer traces of all libraries submitted.</li><li>2) Library quantification using Thermo Fisher Scientific Qubit3.0 or above.</li></ol>	
<b><u>Results and data distribution policy</u></b>	
After checking instrument performance and invoicing the work, a summary report generated is sent to the user. BioCRF is not responsible for backups of customer data after distribution.	