

For office
 use only

Next-Generation Sequencing (NGS) Submission Form

Date Requested:

SUBMITTER INFORMATION

OWNER INFORMATION

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 E-mail _____

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 E-mail _____

BILL TO Submitter Owner Other

PO (list here)

Affiliates (list here)

PREFERRED EMAIL ADDRESS(ES) FOR REPORTING:

Submitter Owner

Other(s) (list here)

A SUMMARY REPORT WILL BE SENT UPON COMPLETION. PLEASE CHECK THIS BOX IF YOU ALSO REQUIRE THE SEQUENCE (fasta) FILE: Yes, send the fasta file to the email address(es) noted above

SAMPLE INFORMATION

Species: Porcine Turkey Fish Bovine Other:

Number of samples submitted Farm/Site:

Sample type(s): Viral isolate Bacterial isolate Tissue homogenate Serum Feces Oral Fluids

Other:

Sample ID(s), or attach a separate sheet:

Brief description of why sequencing is requested or goals (e.g. whole genome sequencing of specific pathogen, disease investigation, etc.):

Select the type of sequencing requested:

Description	Price*
<input type="checkbox"/> Whole genome sequencing of a particular pathogen (specify pathogen below)	\$350
• Pathogen for whole genome sequencing: <input type="text"/>	
<input type="checkbox"/> Whole genome sequencing of 15+ viral isolates	\$250
<input type="checkbox"/> RNA disease investigation	\$400
<input type="checkbox"/> DNA disease investigation	\$400
<input type="checkbox"/> Metagenomics (i.e. RNA + DNA disease investigation)	\$800
<input type="checkbox"/> Bacterial whole genome sequencing	\$240
<input type="checkbox"/> Analysis only (must supply a fastq file; all other NGS options already include analysis)	\$120

*PRICES SUBJECT TO CHANGE – PLEASE CHECK OUR WEBSITE TO CONFIRM CURRENT PRICING

This form updated on Oct 30, 2020

Please include any other pertinent information such as clinical signs or previous test results that may aid in analysis: