



Sample Request Form for Visium Spatial Sequencing

Contact Information						
Principal Investigate	or: Click or tap here to enter text.	Date: Click or tap to enter a date.				
Requestor Name:	Click or tap here to enter text.					
Requestor email:	Click or tap here to enter text.	Requestor Phone: Click or tap here to enter text.				

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Requestor email:	Click or tap here to ent	er text.	Requ	estor Phone:Click or	tap here to enter text.			
Sample Form								
Sample Type: ☐ Fresh Frozen ☐ FFPE Tissue								
No of cDNA Sampl	es: S	pecies:	Tiss	sue:				
	ride cDNA bioanalyzer tra		he region of	f 200 – 9000 bp				
	Please fill in the following		,	X110 A 05 050 A 1) (DI 1 (C 1			
	le serial number and corre igned images in the Box)	sponding capti	ıre areas (e.	g.V12A25-350-A1) (Please share .tif and			
	s for each capture area by	Loune browse	r The whol	le areas of the tissue n	nounted over slide			
	egion of interest (ROI) nee							
	hieve 10X genomics recor							
	reagents kit for 8 capture	areas, the max	imum cove	rage should not cross	60% or 3000 spots per			
capture area								
	g Depth Requirements (e.g. PPE from each capture area.							
	different read output for di				is, of it is also possible			
to provide c	anieroni road output for di	increm sampre	os, ii necuce	•				
Slide ser	rial number & capture are	as No.	of spots	Sequencing Depth	in millions (M)			
N.D. Following Cognoning Descents lits are available								
N.B. Following Sequencing Reagents kits are available-								
	Sequencing Reagents kits		Read pairs in millions (M)					
	P1 (100 cycles)			100	1			

Sequencing Reagents kits	Read pairs in millions (M)		
P1 (100 cycles)	100		
P2 (100 cycles)	400		
P3 (100 cycles)	1200		

For more details about fresh frozen samples, please refer to the sequencing section of CG000239_Visium Spatial Gene Expression User Guide_Rev F. https://cdn.10xgenomics.com/image/upload/v1660261286/support $documents/CG000239_Visium_Spatial_Gene_Expression_User_Guide_Rev_F.pdf$