RNA-Seq Sample Submission Form

Please complete this form before submitting samples to the CTRII at Tulane University. We cannot accept samples unless accompanied by this form.

1. Contact Information

<table>
<thead>
<tr>
<th>PI Name</th>
<th>PI Email</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Post Doc/Student/Tech</td>
<td>Email</td>
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<td></td>
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<tr>
<td>Institution</td>
<td>Phone</td>
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<tr>
<td>Address</td>
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<tr>
<td>City</td>
<td>State</td>
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2. Experiment and Sample Information

2.1 If you are submitting RNA samples for sequencing library preparation, please indicate sequencing type and number of samples is being submitted. The optimal quantity of starting material is listed below. If sufficient RNA quantity and concentration is not available, please consult the Core personnel before submitting.

- mRNA Seq
  - ≥ 1ug total RNA (0.1ug to 4ug) in 50ul water/TE buffer or less

- Small RNA Seq
  - ≥ 1ug total RNA (1ug to 5ug) in 5ul water/TE buffer

- Total RNA Seq
  - ≥ 1ug total RNA (0.1ug to 4ug) in 10ul water/TE buffer or less

- Total RNA Seq (Require ribo-depletion or Globin-depletion)
  - ≥ 1ug total RNA (0.1ug to 4ug) in 10ul water/TE buffer or less

- Total RNA Seq (Require DNase treatment & ribo-zero or globin-zero)
  - ≥ 2ug total RNA (0.1ug to 4ug) in 10ul water/TE buffer or less

- RNA Access Seq
  - ≥ 1ug total RNA (0.1ug to 4ug) in 10ul water/TE buffer or less

- Other

Please provide sample QA/QC data if any (Nano Drop, Pico Green, QPCR, Qubit, Bioanalyzer, etc)
2.2 If you are submitting ready-to-run sequencing libraries, please indicate the number and type of library.

Number:

☐ mRNA Seq
☐ Small RNA Seq
☐ Total RNA Seq
☐ RNA Access Seq
☐ Other

Please indicate what kit you used for sequencing library preparation:

Please provide library QA/QC data if any (Nano Drop, Pico Green, QPCR, Qubit, Bioanalyzer, etc):

2.3 Sample information

1 Species of samples submitting ____________________________
2 Sample names and concentration (if available) in the box below.(Add more rows if needed)

<table>
<thead>
<tr>
<th>Sample Name</th>
<th>Concentration</th>
<th>Tag Sequence (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Kolls0001</td>
<td>1ug Total RNA in 10ul water</td>
<td>Illumina Adapter 1 ATCGGT</td>
</tr>
</tbody>
</table>
2.4 Choose sequencing run options below

**Select Output Level**
- ☐ High Output (400M clusters)
- ☐ Mid Output (130M clusters)

**Select read type and length**
- ☐ Single Read 75 cycles (1x75)
- ☐ Single Read 150 cycles (1x150)
- ☐ Paired End Read 75 cycles (2x75)
- ☐ Paired End Read 150 cycles (2x150)

**CUSTOM**: (Please provide complete description)

2.5 Data analysis/bioinformatics options

- ☐ On your own
- ☐ Slug Analytics (See price sheet for details)

2.6 Data Delivery Format

- ☐ User supplied external hard drive – minimum of 100GB required
- ☐ Tulane Box Account
- ☐ Illumina BaseSpace Transfer – BaseSpace account required
3. Payment Information

Please attach a copy of the quote received from the Sequencing Core at CTRII Tulane University to this form. Sample submission will not be accepted unless a quote for services has been generated prior to submission.

CLIENT INFORMATION

Name of Principal Investigator:
Lab Location:
Phone Number:
Email Address
Account Manager
Contact information:

Tulane University Account Number

Other (Please provide billing contact information for invoicing)

4. Sample Drop off or by Shipping

Email or call to schedule a time for sample drop off.

Submit to CTRII Tulane University

<table>
<thead>
<tr>
<th>Contact</th>
<th>Kejing Song</th>
<th><a href="mailto:ksong1@tulane.edu">ksong1@tulane.edu</a></th>
<th>504-988-0453</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Cathy Flemington</td>
<td><a href="mailto:cflemington@tulane.edu">cflemington@tulane.edu</a></td>
<td></td>
</tr>
<tr>
<td>Hours of operation for sample drop off</td>
<td>9:00am to 4:30pm</td>
<td>Monday – Friday, excluding University holidays.</td>
<td></td>
</tr>
<tr>
<td>Location/Shipping Address</td>
<td>Center for Translational Research in Infection and Inflammation Tulane University School of Medicine JBJ 345 333 S. Liberty St J. Bennett Johnston 345 New Orleans, LA 70112</td>
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<td></td>
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5. Required Signatures

Please have both the Principal Investigator (PI) that will be paying for the Sequencing Services and the Research/Technician/Student/Post-Doc preparing the samples sign below acknowledging that all of the information provided on the form is correct. Signature of this form acknowledges that the PI and Technician/Student/Post-Doc have agreed to all sample submission, quality, quantity, project scheduling, and researcher financial responsibility requirements. Signature of this form authorizes the Sequencing Core at CTRII Tulane University to order all consumables necessary for the researcher’s sequencing project and confirms that the PI is financially responsible for items ordered for their project and all labor cost associated with the project.

Principle Investigator Signature ________________________________ Date _____________

Technician/Student/Post-Doc Signature ____________________________ Date _____________

6. Data and Sample Retrieval

All data from sequencing run will be deleted from our servers 30 days after your project is complete. Please submit an external hard drive to collect your data.

Please pick up original RNA samples submitted along with constructed libraries no later than 30 days after your data is available. If you do not pick up your samples and libraries, they will be destroyed.