**External users of the HTSF:**

Customer service group requires 2 documents to be filled out and retuned.

* Contact HTSF customer service with any questions.
1. External Account Sample Submission form
2. TracSeq Submission Manifest

**A Customer Service Rep will submit for you and return the following:**

1. Confirmed manifest (a copy is required to be included in shipping container with samples)
2. Confirmed shipment date
3. Instructions for shipping
4. Custom Primer (if applicable) Preparation Instructions

**Please note: samples CAN NOT be shipped until HTSF submission has been completed**

1. **Administrative Information**

|  |  |  |
| --- | --- | --- |
| Date of Submission: |  |  |
| HTSF Account Name |  |  |
| Submitter Info: | Name  |  |
|  | Email |  |
|  | Cell # |  |
| PI Info: | Name |  |
|  | Email |  |
|  | Phone |  |
| Additional Proj. Staff Info: | Name  |  |
|  | Email |  |
|  | Cell # |  |

**Billing Information**

|  |  |  |
| --- | --- | --- |
| Accountant Name: | Name |  |
|  | Email |  |
| Billing Address: | Organization  |  |
|  | Department  |  |
|  | Address |  |
| Payment Form | PO# |  *(attach PO copy to email with this form)*  |
|  |  | # |
| *Please select one of the following and indicate additional require information* | Check # | *(list check #, date sent)*  |
|  |  | # |

**Shipment Information**

|  |  |  |
| --- | --- | --- |
| Preferred Shipment Date: *(HTSF will confirm available dates)* |  |  |
| Preferred Data Delivery Deadline (HTSF will confirm)  |  |  |
| Shipment Site Address: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| # of Samples to be Shipped: |  |  |
| Method of Shipment: |  | * Ambient Temp
 |
| *(indicate method to be used)* |  | * Wet Ice (4oC)
 |
|  |  | * Dry Ice
 |
|   |  | * Liquid N2 (Cryoport)
 |

1. **Source and Material Submitted**

|  |  |  |
| --- | --- | --- |
| Material Submitting:  |  | * Sample (Raw Material)
 |
| Indicate which type of sample HTSF will receive |  | * Study Made Libraries
 |
|  |  | * Study Made Pools
 |
| Source Material: (list starting RNA, DNA, Amplicons, Exosome, etc.) |  |  |
| If **RNA** is from tissue, |  | * Fresh Frozen
 |
|  Indicate preservation method |  | * Formalin Fixed Paraffin Embedded
 |
| Library Prep Method * *If HTSF is to make library- list type to be made*
* *If Study Made library, list method used*
* *If Custom, Send protocol used or paper referenced for preparation and please describe as best you can*
 |  |  |

1. **Pooling**

|  |  |  |
| --- | --- | --- |
| Will HTSF Pool Samples? |  | * Yes
 |
|  |  | * No
 |
| If yes, How many samples/pool? |  | * HTSF will pool by #libraries/pool
 |
|  |  | * Customer will indicate which samples to pool together
 |
| Barcode Type: |  | * Not Specified *(select this if HTSF is making libraries. HTSF will choose best application for your library type, sample # and seq set up)*
 |
|  |  | * Single (1D)
 |
|  |  | * Dual (2D)
 |

1. **Sequencing**

|  |  |  |
| --- | --- | --- |
| Sequencing Platform *(available platforms list below):* |  |  |
| Read Type Format: |  | * Single End (SR)
 |
|  |  | * Paired End (PE)
 |
| Sequencing Cycles  |  | * Standard *(indicate below)*
 |
|  |  | * Custom *(indicate below)*
 |
| Standard Cycles *(ie: 50x, 75x, 150x, 250x, 300x)* |  |  |
| Custom Cycle Length | Read 1  |  |
| *Read = cycles for library fragment* | Index 1  |  |
| *Index = cycles for barcode (cycles will = barcode length)* | Index 2 *(req. for DUAL barcodes)* |  |
|  | Read 2 *(req. for PE reads)* |  |
| Additional PhiX Required |  | * No
 |
| *(Per Illumina, 1% PhiX is always added. You will not receive PhiX reads in your data)* |  | * Yes
 |
|  |  | If YES, indicate % overall requested at left |
| Custom Primer required? |  | * No
 |
|  |  | * Old Nextera (HTSF keeps a stock)
 |
|  |  | * Yes, please indicate custom primer info below
 |
| Custom Primer Information  | Custom Primer #1 Name |  |
| *( Custom primer will need to be supplied by study, directions will be included with HTSF confirmation email)* | Custom Primer #1 Primer nt sequence |  |
|  | Custom Primer #2 Name *(only if 2 primers are to be used )* |  |
|  | Custom Primer #2 Primer nt sequence *(only if 2 primers are to be used )* |  |

**Available Platforms**

|  |  |
| --- | --- |
| Miseq | Novaseq -SP |
| Miseq Nano | Novaseq-S1 |
| HiSeq 2500 Rapid Run | Novaseq-S2 |
| HiSeq 2500-v4 High Output | Novaseq-S4 |
| Hiseq 4000 |  |
| \*XP Kits available for all NOVASEQ options (allows single lane per pool to be run) |

1. **Container and Diluent**

|  |  |  |
| --- | --- | --- |
| Container Type  |  | 1.5ml - 1.7ml snap cap or screw cap tube |
| *(check appropriate container)* |  | Matrix tube |
|  |  | BioRad 96 well Skirted PCR plate, hard-shelled |
|  |  | Slide |
| Diluent: |  | dH20 |
| *(check appropriate type)* |  | Elution Buffer (EB) : defined as Tris-Cl, pH ~8 (no EDTA) |
|  |  | NO diluent ( Tissue on slide or Lyophilized Pellet) |

1. **Bioinformatics**

|  |  |  |  |
| --- | --- | --- | --- |
| Data Delivery Method  |  |  | Delivery via URL |
| (check appropriate method) |  |  | Other prearranged method (please list):  |
| Data Delivery Contact  | Name / Email |  |
|  | Name / Email |  |
|  | Name / Email |  |
| Reference Genome: |  |  |  |
| Do you need data analysis help? |  | Yes |
|  |  | no |

1. **Batch Special Needs**
* Note this in general instructions for the entire submission you want the HTSF to be aware of (100chnaratcer limit). This is not where individual samples issues are listed. That will be noted on the manifest.

**List**: