**Sequencing Request to ICMB**

Institute of Clinical Molecular Biology, Am botanischen Garten 11, D-24118 Kiel

Board of directors:

Prof. Dr. Andre Franke

Prof. Dr. Philip Rosenstiel

# Prof. Dr. Stefan Schreiber

Am botanischen Garten 11, 24118 Kiel

http://www.ikmb.uni-kiel.de

VAT No.: DE814167313

Clusters of Excellence:



Kiel, 06.03.18

**Contact:** **Mail, Phone, Fax:**

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**Subject**: Sequencing request to IKMB, Kiel University

Dear Madam, dear Sir,

Please fill out the attached sequencing request and send it back to me by email. We will then start detailed planning of your sequencing project at the IKMB.

Sincerely,

Dr. Sören Franzenburg

**Project Details:**

**These details are used to create a project in our LIMS.**

**Project Title:**

**Project Description:**

**Project Aims:**

**Expected Project Outcome:**

**Number of DNA samples:**

**Number of RNA samples**

**Name of Study Organism:**

**Genome Size of Study Organism:**

**Library Preparation:**

**If you know your desired specifications already, you can enter them here.**

**If you are not sure, we will recommend a setting to you based on the information provided above.**

**I will provide self-made libraries?:**

 **If yes, what kind of library is it? Provide a publication if possible:**

**If no, what kind of library should we prepare?**

**Required Sequencing Data:**

**If you know your desired specifications already (e.g. to be comparable to earlier experiments), you can enter them here.**

**If you are not sure, we will recommend a setting to you based on the information provided above.**

**Sequencing Device:**

 **Read Length:**

 **Desired Coverage (for DNA experiments):**

 **Desired Reads / sample (for RNA experiments):**

**Recipient Details:**

**Please provide full mailing addresses, email and phone contacts**

**Tube Recipient:**

**Data Recipient:**

**Invoice Recipient:**

**What will happen next?**

**Once the final project settings are approved, we will create a project in our Laboratory Information System (LIMS). You will receive barcode-labelled PCR tubes (low sample number) or plates (high sample number) from us, in which you have to send us your samples. In addition, you will receive an Excel File to document your sample specifications (e.g. concentration, volume). Please add a signed copy of this File to your sample delivery plus send a digital copy to** **next-gen\_TA@ikmb.uni-kiel.de****.**

**Please be aware that it is your responsibility to document which sample is in which tube / plate well.**

**Once we received your samples, we will perform quality control and initiate the library preparation and sequencing process.**

**Important Note:**

**The project will run as collaboration with a joined publication with at least 1 shared authorship. I hereby agree to these terms and will send a potential manuscript to the ICMB sequencing center for review. We strongly recommend that Sequencing data should be uploaded to a public data archive upon publication.**