

**City of Hope Integrative Genomics Core
Data Analysis Service Request Form**

Name:	
PI:	
Department:	
Account #:	
Extension:	

TYPE OF SERVICES

NO. OF SAMPLES

STANDARD RNA-SEQ/SMRNA-SEQ/CHIP-SEQ (\$40/SAMPLE)

STANDARD EXOME-SEQ/TRANSCRIPTOME/BS-SEQ (\$80/SAMPLE)

STANDARD MICROARRAY (\$30/SAMPLE)

CUSTOMIZED ANALYSIS (\$50 PER HOUR)

REQUEST DETAILS:

REQUESTED AND SIGNED BY: _____

DATE: _____

Estimated Total Charge:	_____
Estimated By:	_____