**APExBIO Metagenomics Analysis Registration For**

|  |
| --- |
| **Customer Information** |
| **First Name:** | **Last Name:** |
| **Company/Institute Information** |
| **Company/Institute Name：**  |
| **Address Line 1：**  |
| **Address Line 2:** |
| **City:** | **State:** | **Zip:** |
| **Phone:**  | **E-mail:** |
| **Sample Information** |
| **Total Number of Groups:**  | **Total Number of Samples:**  |
| ***Type of Samples：*** |
| 🞎 Cell/Cell culture media | 🞎 DNA | 🞎 Bile | 🞎 Stool |
| 🞎 Serum/Plasma | 🞎 Urine | 🞎 Animal tissue | 🞎 Plant tissue |
| 🞎 Intestinal contents | 🞎 Rumen fluid | 🞎 Saliva | 🞎 Sputum |
| 🞎 Follicular fluid | 🞎 Milk | 🞎 Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Database(s) you prefer to use:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Sequencing equipment:*** |
| 🞎 HiSeq-SE50 | 🞎 HiSeq-PE50 | 🞎 HiSeq-PE150 |
| 🞎 HiSeq-PE250 | 🞎 PacBio RS Ⅱ | 🞎 Others: \_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Requirement of Data Size***  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_M reads OR \_\_\_\_\_\_\_\_\_\_\_\_G base |
| ***Data Type*** | 🞎 Raw Data | 🞎 Clean Data |
| **Sample List** |
| Note: A valid sample or group name is: Alphanumeric (numbers and letters) or all letters. No symbol is allowed except “\_” and “-”.  |
| NO. | Sample  | Group |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |
| 22 |  |  |
| 23 |  |  |
| 24 |  |  |
| 25 |  |  |
| 26 |  |  |
| 27 |  |  |
| 28 |  |  |
| 29 |  |  |
| 30 |  |  |
| 31 |  |  |
| 32 |  |  |
| **Group Comparison** |
| Group 1  | VS | Group 2 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *If you have any special requirement or explanation for your sample, you can write it down here.* |
| *Please fill in the blank, then send this form and your data to us.* |
|  **Customer Signature:**  |
|  **Printed:**  |
| **Date (MM/DD/YYYY):**  |
| **For Internal Use only** |
| Project ID:  |
| Date of reception:  |
| Signature of responsible Officer:  |