

NANOSTRING GEOMX SUBMISSION FORM

DATE: _____

(Office use) Submission #: _____

(Office use) Case #: _____

Please ensure all ALL sections on the front and back of this form are filled out completely.

1 PI: _____

PI E-mail Address: _____

Signature: _____

Sample Submitted By: _____

Submitter E-mail Address: _____

Telephone No.: _____

Institution/Company Name: _____

Bill To/Accounts Payable: _____

Grant/P.O. no: _____

Funding Source: NIH NSF GLBRC
 USDA Other

2 Number of Plates: _____

3 Name of Organism: _____

4 Assay type: CTA WTA Protein

5 Number of ROI/AOI pools:

After sample barcoding PCR reaction, all wells are pooled together for bead purification and sequencing. If you would like AOIs pooled into multiple pools (e.g. by tissue type), please indicate below.

1

2+ (Discuss with GEC staff!)

6 Sequencing Parameters (completed by GEC staff)

NovaSeq6000 (2x150 shared ONLY)

of pools _____

of reads perpool (in millions)** _____

**±20% of stated value above

I have read and understand the Illumina Sequencing Policy found on the [UWBC website](#) (please initial): _____

FOR OFFICE USE ONLY:

Run # _____ Run Date _____ Bill Date _____ Order # _____