**Submission Form (For PICB only)**

|  |  |
| --- | --- |
| **Primary Investigator's Name:** |  |
| **Contact Name:** |  |
| **Sample Arrived Date:** |  |
| **Experiment finished Date:** |  |
| **Analysis type:** |  |
| **Sample type:** |  |
| **Total Number of Samples Submitted:** |  |
| **Base price/sample prep:** |  |
| **Price of seq:** |  |
| **Total price:** |  |
|  |  |
|  |  |

We certify that the sequencing experiment described above will be fulfilled at PICB Omics Core Hiseq facility following terms and conditions of the order. For each sample, it will generate around \_\_\_M reads with desired length.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Core Contact Name: Changpeng XIN

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Core Leader Name: Li YANG

We accept the price described above and agree that they meet the terms and conditions of the order. I agree that payment for this experiment is due in accordance with the terms and conditions of the order. **We will finish the payment in 1** **month after sequencing**.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Name:

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PICB Finance