Ion Torrent Sequencing
Sample Information Sheet

Invoice No.	
Date	
BP's	
%GC	
P's	
TP / PCR AMP	
Col Pur	

For Sequetech Use Only

Customer Information						
Name						
Affiliation						
Address						
	City:		State:		Zip:	
Phone			Fax:			
Email Address						

Billing Information						
Purchase Order No. or Credit Card No.			Exp. Date:			
Accounts Payable Phone						
Billing Address						
	City:		State:		Zip:	

Template Information	
Template Name *(as it appears on tube)*	
Chip Type *(316 = 100mbp, 314 = 10mbp)*	☐ 314 chip ☐ 316 chip ☐ 318 chip
Desired Read Length	☐ 100bp ☐ 200bp ☐ 300bp ☐ 400bp
Library Name	
Reference Sequence *(NCBI link, or you can email us)*	
List Barcode Sequences *(if applicable)*	
Do you need Barcoding Service?	☐ Yes ☐ No
DNA Type	☐ Raw Genomic ☐ Purified Genomic ☐ Amplicon Library ☐ Prepped Library

How would you like to receive your data? (*Please check all that apply.*)

- ☐ Library Sequence (SFF)
- ☐ Library Sequence (FASTQ)
- ☐ Full Library Alignments (BAM + BAI)

Comments:

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