

Centre for Health Genomics and Informatics



Next-Generation Sequencing Order Form

DATE _____

SERVICE REQUEST No.

CONTACT INFORMATION

HSC B104A

Tel: (403) 220-4503

E-mail: dnaseq@ucalgary.ca

REQUESTER NAME as listed on AAF	PRINCIPAL INVESTIGATOR
DEPARTMENT AND ADDRESS	
EMAIL ADDRESS	PHONE

Project Description

QUANTITY	ITEM	UNIT TYPE	FEE	TOTAL OF SERVICE
		TOTAL		

BILLING:

An Annual Authorization form must be completed online: <https://uofc.sharepoint.com/sites/spo-faculty-medicine-aaf>

Ensure the requester and accounting information on this form match the online AAF. AAFs are valid July 1 to June 30 and are managed by the Office of Associate Dean Research.

ACCOUNTING INFORMATION - same as listed on AAF

FUND	DEPARTMENT ID	PROGRAM CODE	INTERNAL CODE	PROJECT CODE	ACTIVITY CODE	AMOUNT

CHGI acknowledgment in publications: Please credit the Centre for Health Genomics and Informatics in the acknowledgment section of your publications.