

ASGARD Service Request Form

Once this form has been completed, a meeting will be arranged between the project lead and the ASGARD steering committee to assess the project's feasibility, timeline and deliverables.

Please return this form to: ngs_staff@listes.univ-rouen.fr

Overview

1. Project lead

Full Name:

Institution:

Phone number:

E-mail:

2. Project

- Project description:

- Desired submission date:

3. Biological question(s) to be addressed

Samples

Organism: ☐ Human ☐ Other / Specify:

☐ Samples of animal origin: please specify the ethics committee and project approval number:

☐ By checking this box, I certify that the samples provided present no known hazard.

Expected sample submission date:

Type of samples: ☐ DNA ☐ RNA ☐ Blood ☐ Libraries

Sample quantification to be performed: ☐ YES ☐ NO

Quality control of samples to be performed: ☐ YES ☐ NO

(Only RNA samples with a RIN > 7 will be accepted)

Number of conditions (groups) to be tested:

Number of samples per condition:

Total number of samples:

Sequencing

Library preparation by ASGARD: ☐ YES ☐ NO

If library preparation is desired, do you have a reference kit? ☐ YES ☐ NO

If yes, please specify:

If sequencing only, indicate the library preparation kit used:

Requested sequencing technology:

Type	Short-Read (Illumina)	Long-Read
Whole-genome sequencing	☐	☐ P2 Solo ☐ Revio
Whole-exome sequencing	☐	☐ P2 Solo ☐ Revio
Gene panel	☐	☐ P2 Solo ☐ Revio
Poly(A) RNA-seq	☐	<i>Iso-Seq & Kinnex under development</i>
Total RNA-seq	☐	<i>Iso-Seq & Kinnex under development</i>
Single-cell /single-nucleus RNA-seq	☐	

Bioinformatics & data delivery

- ☐ Raw files (.bcl)
- ☐ Demultiplexed files (.fastq, .uBAM)
- ☐ Other, please specify:

For ASGARD use only

Quote required: ☐ YES ☐ NO

Preparatory meeting date:

Actual start date:

Results delivery date:

Files delivered:

Project number:

Signatures

Project leader (preceded by the statement “in agreement with the ASGARD charter”):

ASGARD manager:

Person in charge of the project: