## **CERI**

Centre for Epidemic

Response and Innovation

## Centre for Epidemic Response & Innovation Service Request Form

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Customer	inform	ation	•						
Name:					Email:				
Institute /					Phone:				
Organisation:									
Request in		ion:			1				
Request date:					Sample type:				
Description of					Number of samples:				
request:									
0 : (-)									
Service(s)		tea:				\ auontifia	otion		
RNA / DNA extraction				RNA / DNA quantification					
qPCR / SNP genotyping				Fragment analysis					
Next Generation Sequencing	ONT GridION				Other (please specify):				
	Illumina MiSeq								
	Illumina NextSeq 2000								
	Illumina NovaSeq 6000								
	Illumina NovaSeq XPlus								
Additional	service	56.							
Bioinformatics If yes, please provide details / plan:									
support requi		,	,						
Yes N	lo 🗌								
Sample collection required?		Addre	ess:						
Yes N	lo 🗌								
Sample storage required?		Stora	ge conditions	<b>:</b> :					
Yes N	lo 🗌								
Customer signature:						Date:			