

Form

Declaration of Intent: Applications for sequencing costs

[When saving the form please adjust "Contact-Person" and "City" in the file name.]

1) Contact person

| Last name | First name | Institution | City |
|-----------|------------|-------------|------|
| | | | |

| E-Mail address | Phone number |
|----------------|--------------|
| | |

2) Applicants

| Last name | First name | Institution | City |
|-----------|------------|-------------|------|
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3) Project Title

4) Topical assignment (DFG classification)

Other:

5) Short project description (max. 15lines)

6) Key words (max. 5)

| #1 | #2 | #3 | #4 | #5 |
|----|----|----|----|----|
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7) Information on the planned sequencing (based on current market prices)

| Short Read Sequencing | | | | | | |
|-----------------------|---------|-----------------|-------------------------|----------|-------------------|--------------|
| No. | Species | Sample material | Technology (Instrument) | Coverage | Number of samples | Costs in EUR |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

| Long Read Sequencing | | | | | | |
|----------------------|---------|-----------------|-------------------------|----------|-------------------|--------------|
| No. | Species | Sample material | Technology (Instrument) | Coverage | Number of samples | Costs in EUR |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

8) Aim of the planned sequencing analysis (max. 5 lines)

9) Information about planned submission of samples to the NGS competence centre (NGS-CC)

| | |
|--|--|
| Number of batches to be submitted | |
| Number of samples per batch | |
| Times of estimated submission of batches | |

10) Total amount for sequencing costs (in EUR; costs should include all services of the NGS-CC, e.g. library preparation AND sequencing)

11) Preferred NGS competence centre

We / I agree that the information given in section 1 - 11 may be forwarded to the NGS competence centers with regard to pending advice / costing.

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The following information will not be forwarded to NGS-CC:

12) Cooperation partners

| Last name | First name | Institution | City |
|-----------|------------|-------------|------|
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