**APExBIO Metagenomics Analysis Registration For**

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| **Customer Information** | | | | | | | | | | | | |
| **First Name:** | | | | | | | | | **Last Name:** | | | |
| **Company/Institute Information** | | | | | | | | | | | | |
| **Company/Institute Name：** | | | | | | | | | | | | |
| **Address Line 1：** | | | | | | | | | | | | |
| **Address Line 2:** | | | | | | | | | | | | |
| **City:** | | | | | **State:** | | | | | | **Zip:** | |
| **Phone:** | | | | | **E-mail:** | | | | | | | |
| **Sample Information** | | | | | | | | | | | | |
| **Total Number of Groups:** | | | | | | | **Total Number of Samples:** | | | | | |
| ***Type of Samples：*** | | | | | | | | | | | | |
| 🞎 Cell/Cell culture media | | 🞎 DNA | | | | 🞎 Bile | | | | | | 🞎 Stool |
| 🞎 Serum/Plasma | | 🞎 Urine | | | | 🞎 Animal tissue | | | | | | 🞎 Plant tissue |
| 🞎 Intestinal contents | | 🞎 Rumen fluid | | | | 🞎 Saliva | | | | | | 🞎 Sputum |
| 🞎 Follicular fluid | | 🞎 Milk | | | | 🞎 Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| ***Database(s) you prefer to use:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| ***Sequencing equipment:*** | | | | | | | | | | | | |
| 🞎 HiSeq-SE50 | | | | 🞎 HiSeq-PE50 | | | | | | 🞎 HiSeq-PE150 | | |
| 🞎 HiSeq-PE250 | | | | 🞎 PacBio RS Ⅱ | | | | | | 🞎 Others: \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ***Requirement of Data Size*** | | |  | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_M reads OR \_\_\_\_\_\_\_\_\_\_\_\_G base | | | | | | | | | | | | |
| ***Data Type*** | | | | 🞎 Raw Data | | | | | | 🞎 Clean Data | | |
| **Sample List** | | | | | | | | | | | | |
| Note: A valid sample or group name is: Alphanumeric (numbers and letters) or all letters. No symbol is allowed except “\_” and “-”. | | | | | | | | | | | | |
| NO. | Sample | | | | | | | Group | | | | |
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| **Group Comparison** | | | | | | | | | | | | |
| Group 1 | | | | VS | | | | | | Group 2 | | |
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| *If you have any special requirement or explanation for your sample, you can write it down here.* | | | | | | | | | | | | |
| *Please fill in the blank, then send this form and your data to us.* | | | | | | | | | | | | |
| **Customer Signature:** | | | | | | | | | | | | |
| **Printed:** | | | | | | | | | | | | |
| **Date (MM/DD/YYYY):** | | | | | | | | | | | | |
| **For Internal Use only** | | | | | | | | | | | | |
| Project ID: | | | | | | | | | | | | |
| Date of reception: | | | | | | | | | | | | |
| Signature of responsible Officer: | | | | | | | | | | | | |