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Illumina Core Lab Progam

Application/Update Form

☐ **New Application**

☐ **Existing Program Member Updating Information**

Institution Information

Institution Name:_____

Core Lab Name:_____

Core Lab Website:_____

Core Lab Information:

Address:_____

Address 2:_____

Department:_____ Building/Room:_____

City/Town: _____

State/Province:_____

ZIP/Postal Code:_____

Country:_____

Primary Contact (Lab Manager or Scientific Director)

First Name:_____ Last Name:_____

Title:_____ MD ☐ PhD ☐ MD/PhD ☐ Other:_____

Department:_____

Position/Title:_____

Telephone:_____ Fax:_____

Email:_____

Mailing Address (if different from Core Lab address)

Address:_____

Address 2:_____

Department:_____ Building/Room:_____

City/Town:_____

State/Province:_____

ZIP/Postal Code:_____

Country:_____

AGAATGATAACAGTAACACACTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGCTACCGTCTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAAC
TCAACGTACCGTAACGAACGTATCATTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGCTACCGTGCAACGACGAAAAGAATGATAACAGTAACACACTTCTGTTAACCTT
CGACGAAAAGAATGATAACAGTAACACACTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGCTACC
AACGTACCATTAAGAGCTACCGTGCAACAGTAACACACTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGCTACCGTGCAACGACGAAAAGAATGATAA
AGAATGATAACAGTAACACACTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGCTACCGTCTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAAC
GATTACTTGATCCACTGATTCAACGTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGCTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAGCAACGAGC
CGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGCTACCGTGCAACGAAAAGAATGATAACAGTA

Illumina Core Lab Program Information

Our Illumina Core Lab currently possesses the following Illumina instruments (check all that apply):

- ☐ BeadXpress Reader
- ☐ BeadArray™ Reader
- ☐ iScan System
- ☐ HiScan™SQ System
- ☐ GenomeAnalyzer$_{IIx}$
- ☐ GenomeAnalyzer$_{IIe}$
- ☐ HiSeq™ 2000
- ☐ None (we do not have an Illumina instrument)

Our Illumina Core Lab currently offers the following Illumina services (check all that apply):

- ☐ Sequencing
- ☐ Infinium® Genotyping
- ☐ Infinium® Methylation
- ☐ GoldenGate® Genotyping
- ☐ Direct Hybridization (IVT) Gene Expression
- ☐ Whole-Genome DASL® Gene Expression
- ☐ Other (please specify)_____

Agreement

By signing below, I represent and warrant that i) I am authorized to represent my institution, and ii) my institution has met the following requirements:

- ☐ Is part of a non-profit, academic or governmental institution
- ☐ Provides Illumina microarray analysis and/or sequencing services to other laboratories
- ☐ Has a valid Illumina support contract

Signed:_____

Print Name and Title:_____

Date:_____

Illumina Contact Information

Please return your completed application form to:

Brent Applegate
Associate Product Manager
Illumina, Inc.
Phone: (858) 882-6728
Email: bapplegate@illumina.com

Thank You!

We are please to have you participate in the Illumina Core Lab Program. If you have updated your information, your changes will appear on the Illumina website in the next few weeks. For more information, please visit: www.illumina.com/services/corelabs.ilmn

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GATTACTTGATCCACTGATTCAACGTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGCTTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAGCAACGAGC
CGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGTCTGTTAACCTTAAGATTACTTGATCCACTGATTCAACGTACCGTAACGAACGTATCAATTGAGACTAAATATTAACGTACCATTAAGAGCTACCGTGCAACGAAAAGAATGATAACAGTA