

Bioinformatics Data Analysis Request Form

Submit forms to: Bioinformatics Core Facility
 (215) 898-3769 / 495-6837, Rm 214
 3601 Spruce St, Philadelphia, PA 19401 (bioinfo@wistar.org)

Complete the following section

Date Submitted	P.O. # or Wistar Grant # <input type="checkbox"/> Credit Card (Our financial department will contact you about the credit card information)	P.O. Amount
Submitted by		P.I.
Address		Phone
		Fax
		Email

Type of Analysis {check box(es) that correspond to the required analysis}:

1. Illumina GA/Solexa Data Analysis (ChIP-seq, RNA-seq, small RNA-seq, paired end sequencing, etc.)*
- a. Primary (Image Analysis - Up to Base calling – output of sequence reads in fastq format) *
 - b. Primary & Secondary Only (Up to sequence alignment to reference genome *de novo* sequence assembly – output in fastq and BED file) *
 - c. Primary, Secondary & Tertiary Analysis (Up to peak calling – output in BED and WIG file format) *
 - d. Primary, Secondary, Tertiary Analysis & Genome Annotations (up to peak calling and integration with genomic annotations) *
 - e. High-level statistical and integrative genome analysis (sample comparison, annotation of significantly enriched genomic regions, TFBS analysis, etc.) – Custom Programming*
2. Database Support – Custom Programming*
3. Microarray Data Analysis, including analysis of multiple complex datasets – Custom Programming*
4. Proteomics (mass spectrometry-based spectra, LCMS, DIGE, etc.) – Custom Programming*
5. Statistical Analysis & Consulting (experimental design and sample size estimation; point and Confidence Interval estimation; exploratory data analysis - data mining in multivariate settings, statistical modeling, prediction, and significance; etc.) – Custom Programming*
6. Other (e.g., Ingenuity Pathway, Gene Ontology, TFBS, comparative genomics, etc.) analysis – Custom Programming*

NOTE: Also attach the copy of the request form that was submitted to Genomics/Microarray/Proteomics Facility

Signature of the Principal Investigator of the Project: _____

Do not fill this section (For Bioinformatics Office Use Only)

Date Received		Project ID assigned	
Expected date of completion		Estimated # of samples (for Illumina GA) / # of hours (for custom programming)	
Name of the bioinformatician assigned		Estimated total budget (Chargeback amount)	

Facility Director: Zhiyan Fu

Signature of Director: _____

*Custom Programming – charges are based on hourly rate and total number of hours spent on the project (check the website for pricing information for non-wistar users)

Analysis will be done ONLY AFTER RECEIPT OF THIS FORM (with PI signature)