



CORE FACILITY FOR BIOINFORMATICS

Please return the accomplished form to PGC-CFB (2/F NIMBB Bldg., National Science Complex, UP Diliman), or fax to 981-8742, or email a scanned copy to [bioinformatics@pgc.up.edu.ph](mailto:bioinformatics@pgc.up.edu.ph). For assistance, please call 981-8744.

PART A. USER INFORMATION		
LAST NAME	GIVEN NAME	MIDDLE NAME
DESIGNATION		DATE OF BIRTH
EMAIL ADDRESS		CONTACT NUMBER
INSTITUTION		
INSTITUTION ADDRESS		
Street/Bldg.		
City		Province
Country		Zip Code
PART B. PROJECT INFORMATION (For Billing Purposes)		
PROJECT TITLE		
PROJECT LEADER		
PROJECT START DATE		
PROJECT FINISH DATE		
PART C. CUSTOM SERVICE REQUEST DETAILS		
<i>(Fill in with appropriate information or place an "X" to those that apply)</i>		
PIPELINES		
<input type="checkbox"/>	Read QC	<input type="checkbox"/>
<input type="checkbox"/>	<i>De Novo</i> Assembly	<input type="checkbox"/>
<input type="checkbox"/>	Reference-based Assembly	<input type="checkbox"/>
<input type="checkbox"/>	BLAST Search	<input type="checkbox"/>
<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>
		SNP Calling
		Gene Annotation
		Phylogenetic Analysis

**DATA SPECIFICS**

**Total File Size (in Mb)**

**File Type**

- FastQ
- FastA + Quality File
- FastA
- SFF
- SAM / BAM
- Others (specify):  
\_\_\_\_\_

**Sample Source**

- Viral
- Prokaryotic
- Eukaryotic

**Sequence Type**

- Single Genome
- Metagenome
- Transcriptome

**Short Project Description**

**PART D. ACKNOWLEDGEMENT**

I hereby certify that the information above is true and accurate.

\_\_\_\_\_  
**Signature Over Printed Name of Applicant**

\_\_\_\_\_  
**Date Signed**

I hereby certify that the applicant is a staff of the Project (whose details appears in Part B) and is working under my supervision. I guarantee that all the expenses incurred by the applicant in relation to this custom service request will be paid by the Project.

\_\_\_\_\_  
**Signature Over Printed Name of Supervisor**

\_\_\_\_\_  
**Date Signed**

**PART E. APPROVAL (To be filled by PGC-CFB Staff)**

Identity of the applicant verified.

\_\_\_\_\_  
**Signature Over Printed Name of Admin**

\_\_\_\_\_  
**Date Signed**

Custom service agreement finalized.

\_\_\_\_\_  
**Signature Over Printed Name of Specialist**

\_\_\_\_\_  
**Date Signed**