



Please return the accomplished form to PGC-CFB (2/F PGC Bldg., A. Ma. Regidor St., UP Diliman, Quezon City), or email a signed copy to bioinformatics@pgc.up.edu.ph.

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"/> SNP Calling	
<input type="checkbox"/> <i>De Novo</i> Assembly	<input type="checkbox"/> Gene Annotation	
<input type="checkbox"/> Reference-based Assembly	<input type="checkbox"/> Phylogenetic Analysis	
<input type="checkbox"/> BLAST Search		
<input type="checkbox"/> Others (please specify)		

DATA SPECIFICS**Total File Size (in Mb)****File Type**

<input type="checkbox"/>	FastQ
<input type="checkbox"/>	FastA + Quality File
<input type="checkbox"/>	FastA
<input type="checkbox"/>	SFF
<input type="checkbox"/>	SAM / BAM
<input type="checkbox"/>	Others (specify):

Sample Source

<input type="checkbox"/>	Viral
<input type="checkbox"/>	Prokaryotic
<input type="checkbox"/>	Eukaryotic

Sequence Type

<input type="checkbox"/>	Single Genome
<input type="checkbox"/>	Metagenome
<input type="checkbox"/>	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