

# Next Generation Sequencing Submission Form

South Dakota State University

Animal Disease Research and Diagnostic Laboratory | 1155 North Campus Drive | Brookings, SD 57007  
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<b>DVM</b>			
Clinic			
Address			
City		State	
Zip		Phone	
Email			

Animal Location			
Site Name			
Address			
City		State	
Zip			
County		Country	

<b>Owner</b>			
Division			
Address			
City		State	
Zip		Phone	
Email			

<b>Premise ID</b> (attach ID Barcode on back of form and type PIN in adjacent box)	
<b>Lot or Group ID</b>	
<b>Source or Flow ID</b>	

<b>Bill to</b>	<input type="checkbox"/> Clinic	<input type="checkbox"/> Owner	<input type="checkbox"/> Other
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Species ( <b>Required</b> )		Breed	
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<b>Specimens</b>		
<input type="checkbox"/> Serum	<input type="checkbox"/> Swab - specify	<input type="checkbox"/> Virus Isolate - specify
<input type="checkbox"/> Feces		
<input type="checkbox"/> RNA/DNA	<input type="checkbox"/> Tissue - specify	<input type="checkbox"/> Other

<b>Next Generation Sequencing</b>	<input type="checkbox"/> Metagenomics
	<input type="checkbox"/> Whole genome sequencing
	<input type="checkbox"/> Other - specify

Please Describe Objectives of NGS request:

ID #	Animal ID	ID #	Animal ID
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	