Please complete Part A of this form and submit it to CEGBM via email to: **e.collie-duguid@abdn.ac.uk**. Please note that your project will not be scheduled until we have received a completed booking form signed by the PI/ person authorising budget spend.

**Part A - To be completed by the applicant**

|  |  |
| --- | --- |
| Name |  |
| Email address for raw data transfer (PI will also be sent data) |  |
| PI contact details (full postal, telephone, and email) |  |
| Affiliation (School/Institute)  (internal only) |  |

|  |  |
| --- | --- |
| **Study title** |  |
| **Description of study** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Services Required | | | | | | |
| NGS | Bioinformatics | Biostatistics | Data Management | Data Storage | Access to HPCC (Maxwell) |

**Please complete all costs associated with your project as per quotation provided by CGEBM**

|  |  |
| --- | --- |
| NGS Costs |  |
| Bioinformatics costs |  |
| Data storage costs | Please discuss with IT: [digitalresearch@abdn.ac.uk](mailto:digitalresearch@abdn.ac.uk) |
| Data Management costs | Please discuss with IT: [digitalresearch@abdn.ac.uk](mailto:digitalresearch@abdn.ac.uk) |
| Miscellaneous costs |  |
| Access to HPCC (Research HPC Maxwell or teaching HPC Macleod) | £104 per week or per cpu hour charges apply  A [Maxwell Access Request](file:///\\uoa\global\CLSM\CGEBM\Bioinformatics%20Unit\Completion%20of%20a%20Maxwell%20Request%20Form%20is%20required%20to%20request%20access%20to%20this%20HPC%20resource%20for%20your%20project%20or%20to%20test%20the%20system%20to%20determine%20if%20it%20meets%20your%20requirements) or [Macleod Access Request](https://forms.office.com/Pages/ResponsePage.aspx?Host=Teams&lang=%7Blocale%7D&groupId=%7BgroupId%7D&tid=%7Btid%7D&teamsTheme=%7Btheme%7D&upn=%7Bupn%7D&id=rRkrjJxf1EmQdz7Dz8UrPwnct1uLpx5IjNgNRGJ4P6NUNEJSVjc1NFdYQVg3UEpRQ0NNNkNHRlJPViQlQCN0PWcu&wdLOR=cC854A94F-E305-48F0-B471-C031F39A6EC8) form, as relevant, should be completed for each project. Please discuss with IT, Digital research, [digitalresearch@abdn.ac.uk](mailto:digitalresearch@abdn.ac.uk) |
| Total costs |  |

|  |  |
| --- | --- |
| Grant code (project code/ sub-project code)  ***Internal clients*** | Please complete the budget code details to which you wish this project to be charged. When the project is complete you will be issued with an advice note and final costs confirmed and agreed with you prior to the grant being charged. |
| PO Number  ***External clients*** |  |

NOTE: Data storage, management and HPC are IT services and any associated costs should be paid directly to IT. These are included here for the purposes of ensuring you have considered all IT services/ resource required to complete your planned project.

|  |  |
| --- | --- |
| **Does the sample contain any hazardous materials?**  If yes, please specify (e.g., toxins, venoms, unscreened tissue, infectious agents, tissue preservatives, etc) | Yes/ No |
| **GMO** | Yes/ No |
| **Material provided** | GMO/ cellular constituent/ Not applicable |
| **GMO Approval** | Copy provided (Approval and Handling SOP)/ Not applicable |
| **Ethical Approval:** Does this study require ethical approval? | Yes/ No |
| **Ethics Ref No**  **R&D ref No** |  |
| Data generated by CGEBM will be stored on University of Aberdeen secure network drives. Data analysed within the CGEBM bioinformatics unit will also be transferred to the University of Aberdeen HPC, Maxwell. CGEBM has no responsibility to obtain regulatory approvals for data storage and this is the sole responsibility of the PI named above. Please stipulate if you require alternative data storage and provide details here: | |
| Is your research in scope of the **Nagoya Protocol?**  Further information can be found [here](https://www.abdn.ac.uk/staffnet/research/nagoya-protocol-10646.php). If your samples were obtained from a foreign country, these regulations may apply. | Yes/ No |

|  |  |
| --- | --- |
| **Funding body** |  |
| **Study type** (e.g. pilot, project grant, programme grant, fellowship) |  |
| **Project start date** |  |
| **Duration of the project** |  |
| **Proposed CGEBM start date** |  |
| **Consultation date** (CGEBM use) |  |

**NGS** (if NGS selected above, the applicant should complete this section)

|  |  |
| --- | --- |
| Organism (common name) |  |
| Genus/ Species |  |
| Reference sequence for organism (Yes/No) |  |
| Size of target region  e.g. Genome, transcriptome, amplicon |  |
| **Amp-Seq only:**  Gene (e.g. 16S rRNA)  Region (e.g. V1-V2)  Number of PCR reactions per sample:  MCS control: CGEBM to provide or own MCS control [please state]  (CGEBM can provide [ATCC MSA-1003 MCS control](https://www.lgcstandards-atcc.org/products/all/MSA-1003.aspx?geo_country=gb)) |  |
| Ploidy (e.g. Haploid, diploid, etc) |  |
| Application (e.g. WGS, WES, AmpSeq, RNAseq DEG, de novo RNAseq, ChIPseq, BISseq, RADseq, shotgun metagenome sequencing, etc) |  |
| Principal Aim (e.g. differential gene expression, SNP/ variant calling, de novo assembly, miRNA, methylated DNA, microbial diversity, etc) |  |
| Number of samples |  |
| Starting material (e.g. cells, tissue, blood, etc) |  |
| Material provided to CGEBM  (e.g. cells, tissue, total RNA, gDNA, amplicons, ChIPDNA, WGA DNA, etc)  NOTE: we can only process cells/ tissues of types covered by our containment levels/ approvals |  |
| Extraction procedure |  |
| Carrier used in extraction procedure: Is this nucleic acid? | Yes/ No. If yes, provide details. |
| DNase treatment (RNA applications only) | Yes/ No/ Not applicable.  Method (if already performed): |
| Globin reduction (RNAseq from blood only) | Yes/ No/ Not applicable  Method (if already performed): |
| Sample Status (Snap frozen, in TRIzol, in RNALater, etc) |  |
| Is this work part of a larger study with existing NGS data that needs to be considered in the design and/or choice of platform? |  |
| Bioinformatics required | Yes/ No |

By signing this form you are agreeing to CGEBM staff performing the services specified, at the quoted cost and under our Terms and Conditions. Receipt of a signed form by CGEBM represents a contractual agreement between the signatory and CGEBM. The project will be scheduled, and should the client elect to cancel or alter the project after signing this contract, the client will remain liable to pay for any project specific expenses already incurred by CGEBM.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

**CGEBM Confidentiality Agreement**

CGEBM understand that the information received regarding project <PROJECT CODE> is confidential. Project information will only be discussed with the PI and project research team and staff in the Centre for Genome Enabled Biology and Medicine and will not be disclosed to any other individuals.

In the case where details are used for presentations, project details including research questions/ aims will not be discussed or presented without the written consent of the principal investigator leading the project.

The parties acknowledge that they have read and understand this agreement.

|  |  |
| --- | --- |
| Name:  *(On behalf of CGEBM)* |  |
| Signature: |  |
| Date: |  |

**Part B – CGEBM use only**

Technical assessment of project

|  |  |
| --- | --- |
| CGEBM Reference |  |
| **For NGS** | |
| NGS Platform and Chemistry |  |
| Paired-end or single read |  |
| Coverage/Depth |  |
| Read length |  |
| Barcoded libraries |  |
| Library preparation |  |
| Globin reduction (Blood RNAseq only) |  |
| Removal of rRNA (RNAseq DEG only) | mRNA enrichment/ ribo depletion |
| ERCC controls (RNAseq DEG only) | Yes/ No/ Not applicable |
| PhiX (amplicons and low diversity libraries only) | Yes/ No  % Spike: |
| **For Microarray** |  |
| Microarray details above complete |  |
| Technical assessment of project by |  |

**Sample details**

|  |  |
| --- | --- |
| Date Samples Delivered |  |
| No. Samples |  |
| Sample Names |  |
| Grouping Information  (e.g. Group 1: Control – Samples 2, 4, 6; Group 2: timepoint 1 – Samples T1S2, T1S4, T1S6; Group 3 – timepoint 2 – Samples T2S2, T2S4, T2S6) |  |
| Wet lab (to QC’d raw data) |  |
| Date results required |  |
| Expected Completion Date (Provided by CGEBM) |  |
| Completion Date (CGEBM use only) |  |
| Analysis: Bioinformatics/ biostatistics |  |
| Date results required |  |
| Expected Completion Date (Provided by Bioinformatics) |  |
| Completion Date (CGEBM use only) |  |