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| **BPHunter: Negative BP Reporting**  *\* We genuinely require all submitters to take responsibility for the submitted data.*  *\* Please name your report as: “BPHunter\_Neg\_Rep\_MM\_DD\_YYYY\_LASTNAME.docx”, where “MM\_DD\_YYYY” is the date.*  *\* The submitters should be aware of that the collected results will be analyzed for future research, if we receive enough.* | | | | | | | | | |
| Submission Date (MM/DD/YYYY) | | | |  | | | | | |
| **Submitter’s Information** | | | | | | | | | |
| Prefix: | | | |  | | | | | |
| First Name: | | | |  | | | | | |
| Last Name: | | | |  | | | | | |
| Institutional Email: | | | |  | | | | | |
| Academic Position: | | | |  | | | | | |
| Laboratory: | | | |  | | | | | |
| Principle Investigator: | | | |  | | | | | |
| Institution: | | | |  | | | | | |
| City, State: | | | |  | | | | | |
| Country: | | | |  | | | | | |
| **Variant Information**  *\*add rows if more variants to be submitted* | | | | | | | | | |
| Reference Genome (GRCh37/GRCh38): | | | |  | | | | | |
| Number of Variants: | | | |  | | | | | |
| Gene | CHROM | POS | REF | | ALT | Type  (snv, del, ins) | Zygosity (hom, het, hemi) | BP Name  (given by  BPHunter) | Hit position  (-2, -1, 0, all) |
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| **Experimental Information**  *\* attach the supporting evidence (figures and descriptions) starting form the next page* | | | | | | | | | |
| Cell Type: | | | |  | | | | | |
| Assay Type: | | | |  | | | | | |

**Supporting Evidence**