

# High-Throughput Sequencing

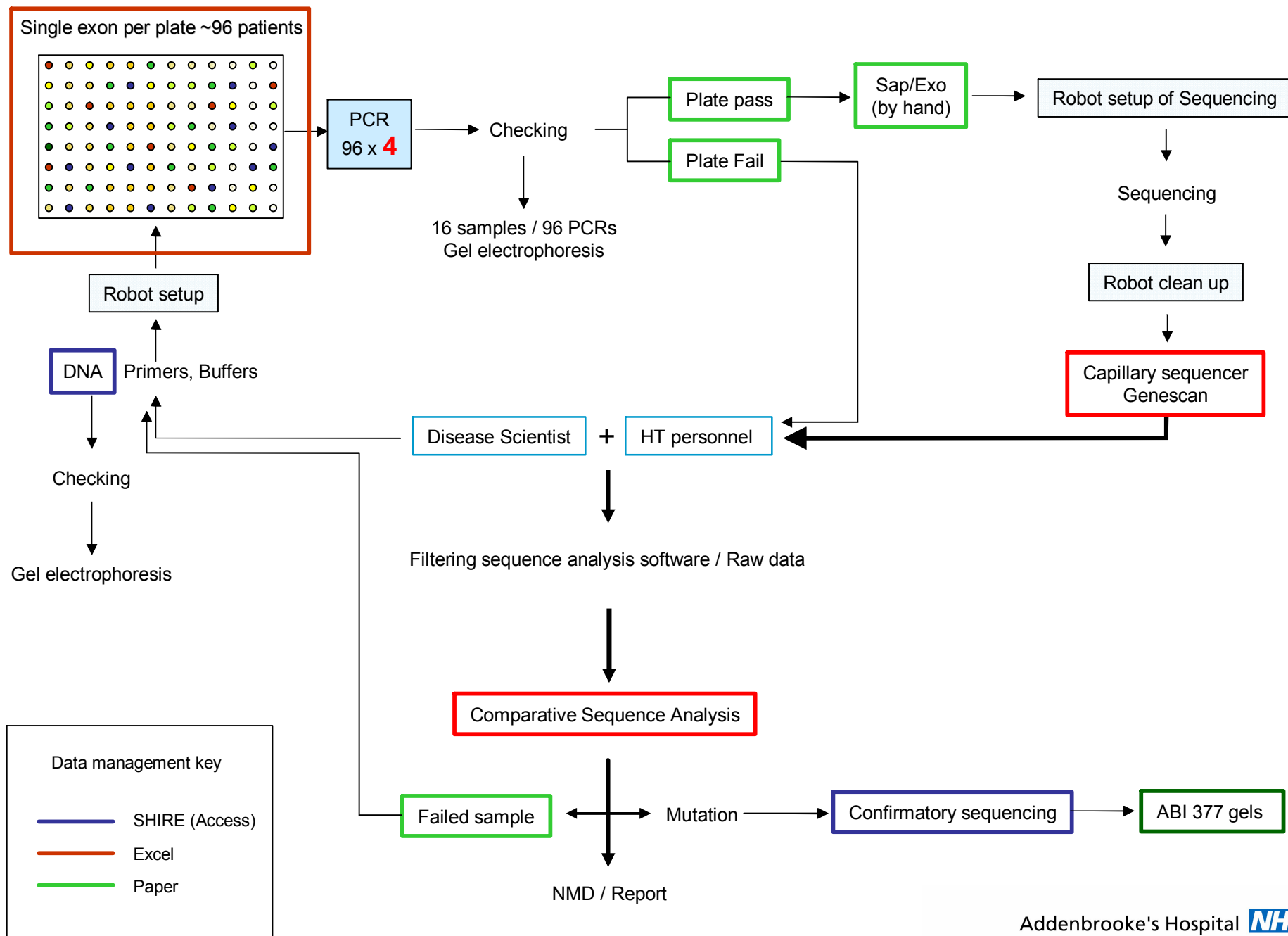
## Batching and Scheduling

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## HT sequencing - 96 patients per plate

- ✓ One exon per plate at same temperature
- ✓ simple robot programmes
- ✓ Easy sample tracking
- ✓ Readily change exon conditions
- ✗ Slow throughput until plate assembled
- ✗ Compression of costs
- ✗ Large volume of sequence data

## Genetics White Paper, June 2003

“Our inheritance, our future - realising the power of genetics in the NHS”

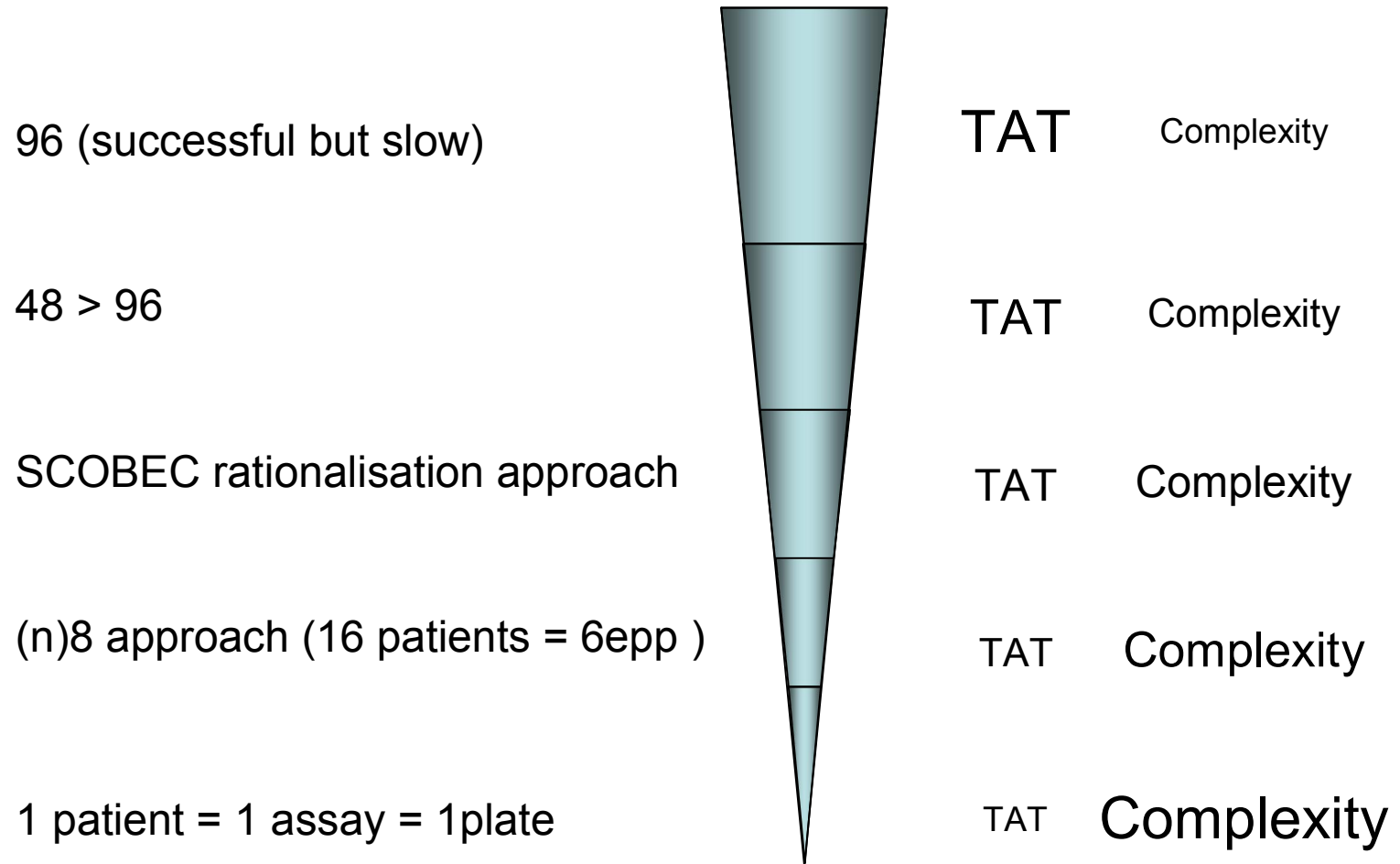
*.....by 2006 genetic test results should be available to the following standards:*

*within three days where the result is needed urgently (e.g. for prenatal diagnosis)*

*within two weeks where the potential genetic mutation is already known (eg. because another family member has already been tested)*

*within eight weeks for unknown mutations in a large gene.*

## Alternative batch sizes to consider



## Maximal HT sequencing - one patient per plate

- ✓ Fast throughput of samples
- ✓ No compression of costs
- ✓ Manageable volumes of sequence data
- ✗ Complex robot programmes
- ✗ Maximising use of the plate
- ✗ ☼ Many exons and genes per plate at same temperature
- ✗ Managing outlying PCRs and repeats
- ✗ Complex sample tracking

## Changes to one exon per plate (1epp) sequencing progressing towards 1ppp sequencing

- Capillary sequencer re-programming (**Sequence** v Genescan)
- Alternative sample analysis (**Sequence** v Genescan)
- New sequence analysis software - evaluate / implement - **Mutation Surveyor**
- Sequencing software issues (data manipulation / “contamination”) ←
- Robot programme changes (tip washing / DNA mixing) —
- Re-optimisation of PCRs (PE 9600 vs MJR Tetrad)

## Requirements from robotics for 1ppp sequencing

Variable PCR setup programmes ( variable genes & disease sharing )

Flexibility with current genes and future genes

Manage incomplete 96 well plates / maximise use of a plate

Manage sample movement from 96 to 384 format

Manage large number of PCR reaction variables



## Requirements from PCRs

### ***Ideal scenario***

*all exons amplify at*

*same temperature*

*in same buffer*

*same efficiency*

*sequence with same primers*

### ***Reality***

Settle for same temperature  
despite PCR setup complexity

Exon PCR Sequence

TSC1 exon 3	F	F
TSC1 exon 4	E	F
TSC1 exon 5	F	F
TSC1 exon 6	F	F
TSC1 exon 7	F	R
TSC1 exon 8	F	F
TSC1 exon 9	F	F
TSC1 exon 10	E	R
TSC1 exon 11	H	F
TSC1 exon 12	H	F
TSC1 exon 13	F	F
TSC1 exon 14	F	F
TSC1 exon 15a	F	R
TSC1 exon 15b	F	F
TSC1 exon 16	C	F
TSC1 exon 17	H	R
TSC1 exon 18	F	R
TSC1 exon 19	E	F
TSC1 exon 20	F	F
TSC1 exon 21	C	R
TSC1 exon 22	E	F
TSC1 exon 23a	F	F
TSC1 exon 23b	D	R

Exon PCR Sequence

TSC2 exon 1	G	F
TSC2 exon 2	D	F
TSC2 exon 3	G	R
TSC2 exon 4	D	F
TSC2 exon 5	E	R
TSC2 exon 6	G	F
TSC2 exon 7	G	F
TSC2 exon 8	G	R
TSC2 exon 9	J	R
TSC2 exon 10	E	F
TSC2 exon 11	D	F
TSC2 exon 12	E	R
TSC2 exon 13	G	F
TSC2 exon 14	E	F
TSC2 exon 15	E	F
TSC2 exon 16	G	R
TSC2 exon 17	G	R
TSC2 exon 18	J	R
TSC2 exon 19	D	F
TSC2 exon 20	G	R
TSC2 exon 21	D	R
TSC2 exon 22	D	R
TSC2 exon 23	E	R

Exon PCR Sequence

TSC2 exon 24	H	R
TSC2 exon 25	G	R
TSC2 exon 26	D	R
TSC2 exon 27	E	R
TSC2 exon 28	J	F
TSC2 exon 29	D	R
TSC2 exon 30	D	R
TSC2 exon 31	G	R
TSC2 exon 32	D	R
TSC2 exon 33a	D	R
TSC2 exon 33b	J	R
TSC2 exon 34	H	R
TSC2 exon 35	D	F
TSC2 exon 36	J	R
TSC2 exon 37	H	F
TSC2 exon 38	E	R
TSC2 exon 39	E	R
TSC2 exon 40	E	R
TSC2 exon 41	G	F

## Requirements for managing 1ppp approach

- Import, organise and prioritise patient samples
- Assemble into 96 well plates and generate text lists
- Assemble 384 well plates and generate text lists

Manage

• Plate records

• Variety of genes (flexible)

• Variety of temperatures (flexible)

• Changes to PCR conditions

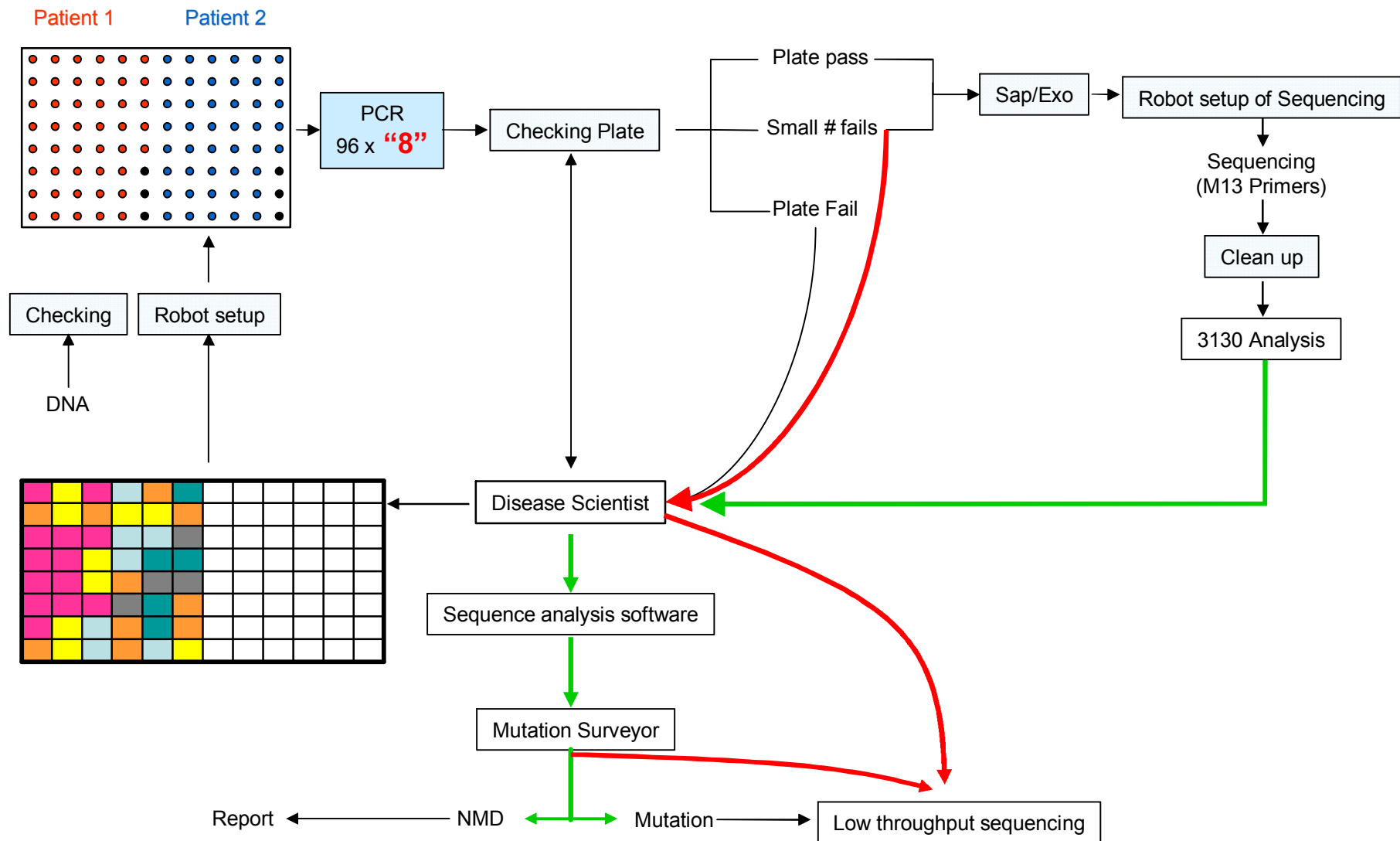
• Repeats

• Link to raw data

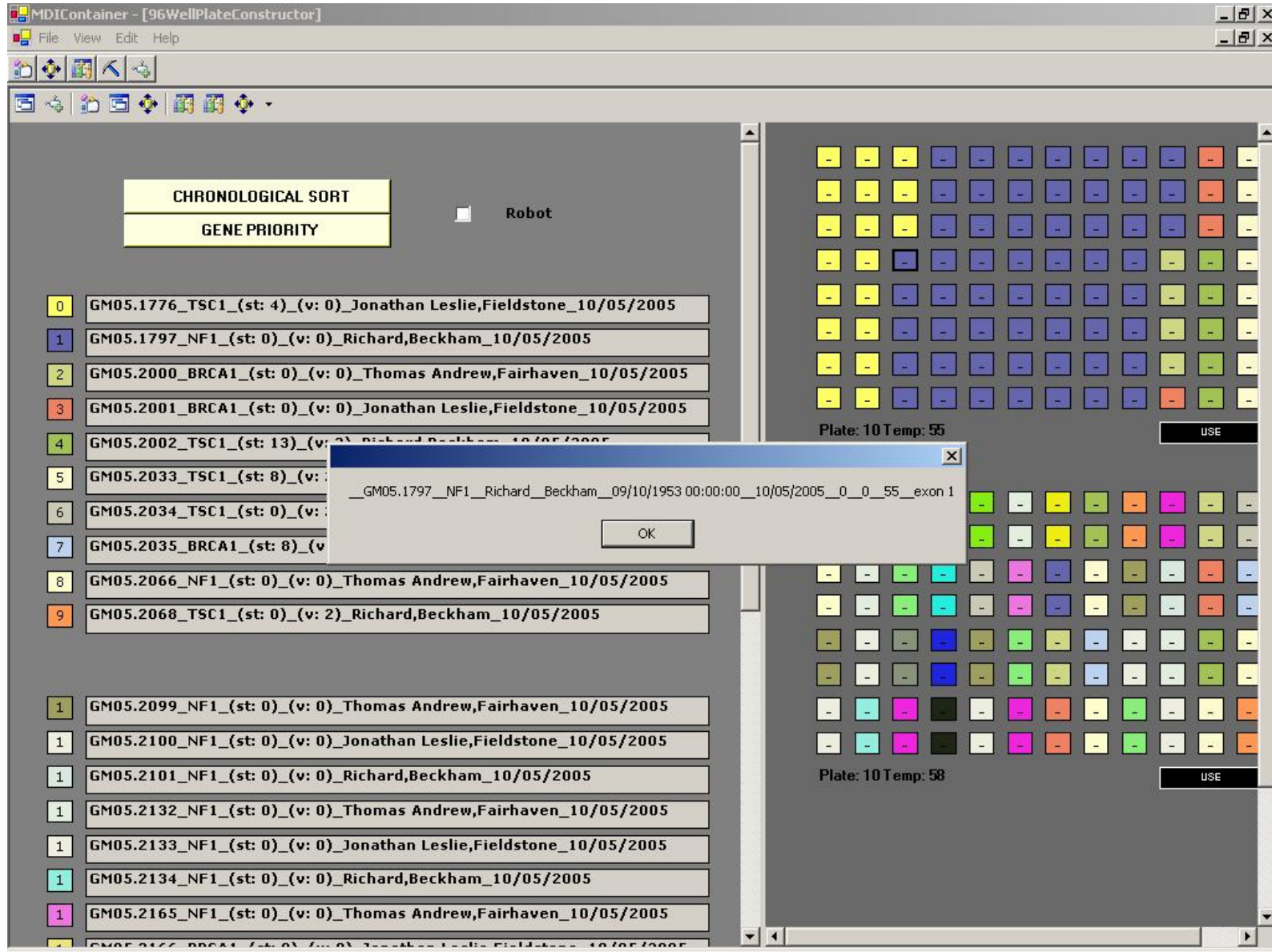
• Meet white paper reporting deadlines

“LIMS database”

Audit



## Patient input and prioritising



## Plate assembly – managing outliers

MDIContainer - [96WellPlateConstructor]

File View Edit Help

CHRONOLOGICAL SORT  
GENE PRIORITY

Robot

0	GM05.2000_BRCA1_(st: 0)_(v: 0)_Thomas Andrew,Fairhaven_10/05/2005
1	GM05.2001_BRCA1_(st: 0)_(v: 0)_Jonathan Leslie,Fieldstone_10/05/2005
2	GM05.2035_BRCA1_(st: 8)_(v: 0)_Richard,Beckham_10/05/2005
3	GM05.2166_BRCA1_(st: 0)_(v: 0)_Jonathan Leslie,Fieldstone_10/05/2005
4	GM05.2264_BRCA1_(st: 0)_(v: 0)_Thomas Andrew,Fairhaven_10/05/2005
5	GM05.2265_BRCA1_(st: 0)_(v: 0)_Jonathan Leslie,Fieldstone_10/05/2005
6	GM05.2297_BRCA1_(st: 0)_(v: 0)_Thomas Andrew,Fairhaven_10/05/2005
7	GM05.2298_BRCA1_(st: 0)_(v: 0)_Jonathan Leslie,Fieldstone_10/05/2005
8	GM05.2299_BRCA1_(st: 0)_(v: 0)_Richard,Beckham_10/05/2005
9	GM05.2332_BRCA1_(st: 0)_(v: 0)_Richard,Beckham_11/05/2005
1	GM05.2364_BRCA1_(st: 0)_(v: 0)_Tracy,Jones_11/05/2005
1	GM05.2495_BRCA1_(st: 0)_(v: 0)_Richard,Beckham_11/05/2005
1	GM05.2367_BRCA1_(st: 0)_(v: 0)_Tracy,Jones_11/05/2005
1	GM05.2333_BRCA1_(st: 0)_(v: 0)_Richard,Beckham_11/05/2005
1	GM05.2334_BRCA1_(st: 5)_(v: 0)_Tracy,Jones_11/05/2005
1	GM05.2300_BRCA1_(st: 0)_(v: 0)_Richard,Beckham_11/05/2005
1	GM05.2399_BRCA1_(st: 0)_(v: 0)_Richard,Beckham_11/05/2005
1	GM05.2301_BRCA1_(st: 0)_(v: 0)_Richard,Beckham_11/05/2005

Plate: 10 Temp: 52

USE

Plate: 10 Temp: 55

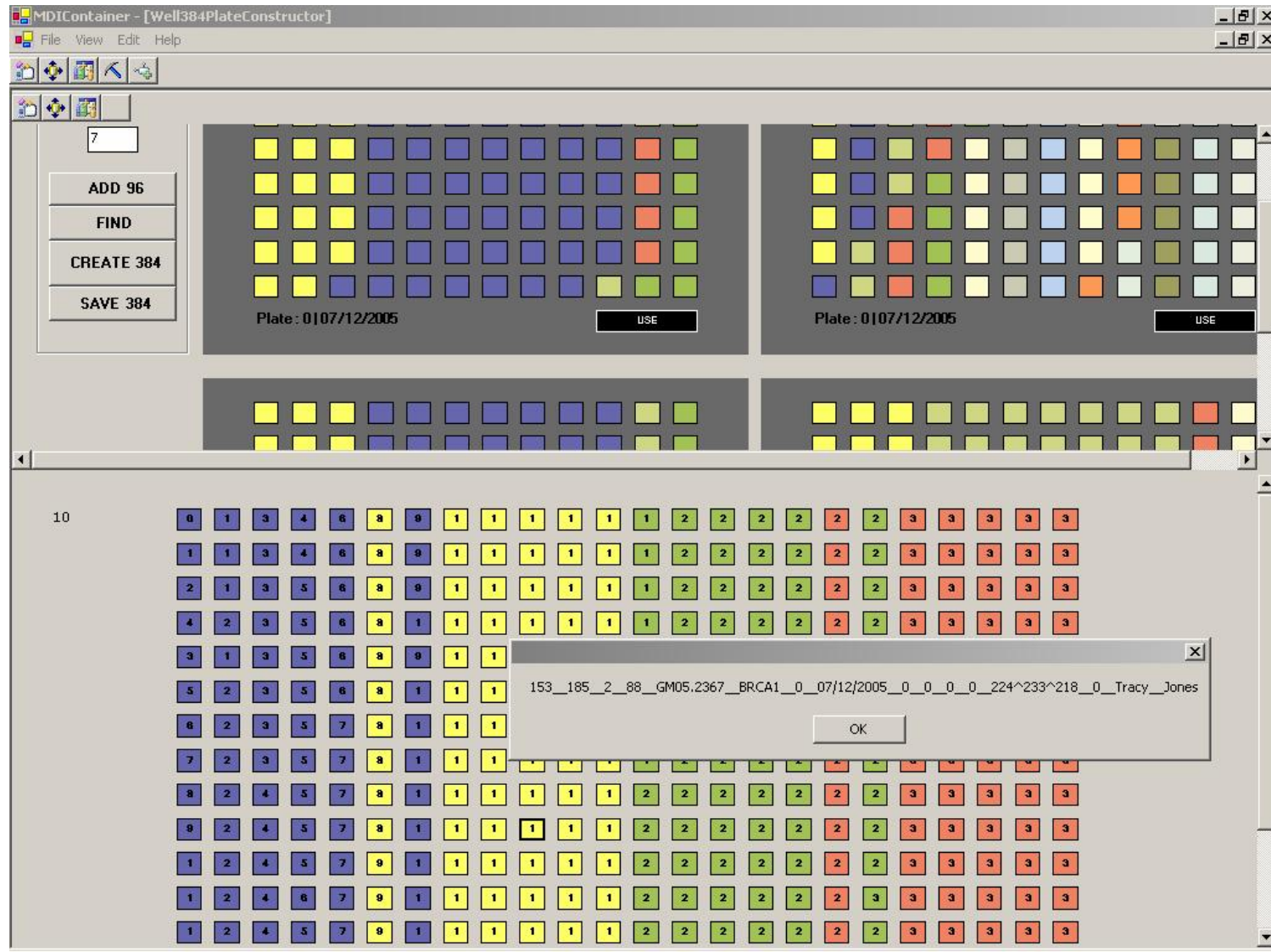
USE

GM05.2000^55GM05.2001^55GM05.2035^55GM05.2166^55GM05.2264^55GM05.2265^55GM05.2297^55GM05.2298^55GM05.2299^55GM05.2332^55GM05.2364^55GM05.2495^55GM05.2367^55GM05.2333^55GM05.2334^55GM05.2300^55GM05.2399^55GM05.2201^55GM05.2036^55GM05.1825^55GM05.2070^55GM05.2075^55GM05.2105^55GM05.2106^55GM05.2110^55

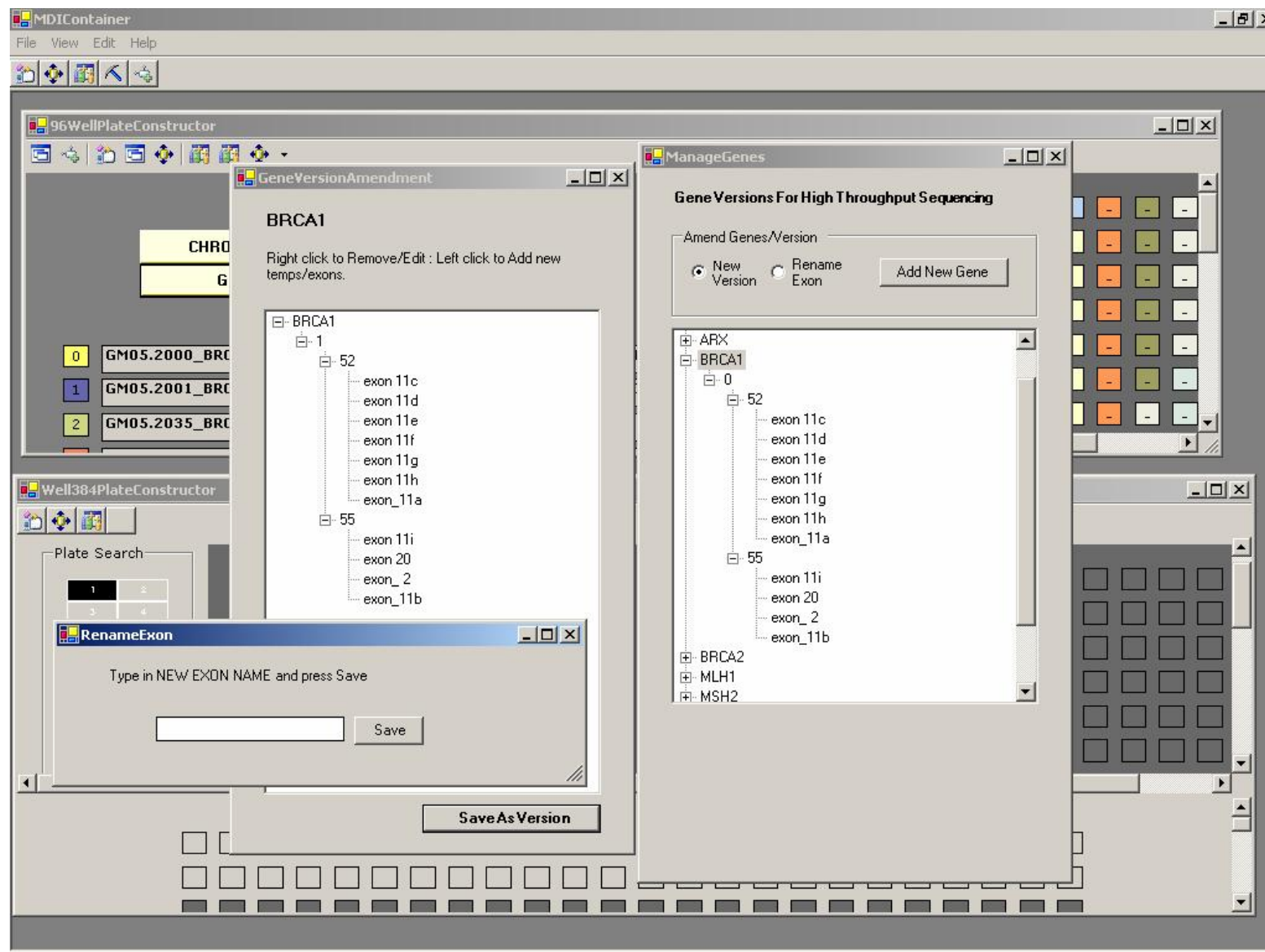
OK



## 384-well plate assembly

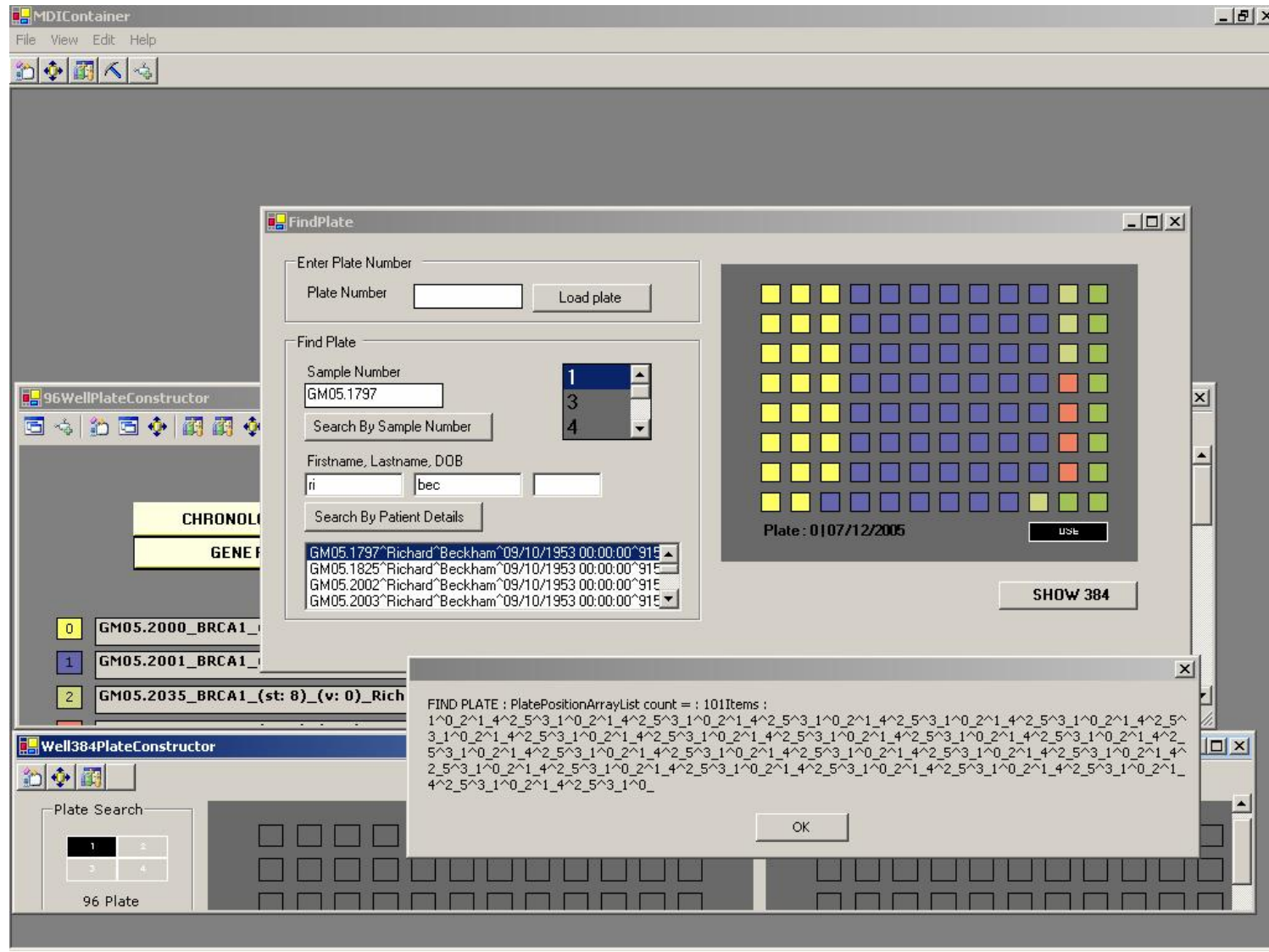


## Gene management and archiving





## Archive management



## Summary

- Have achieved a single PCR setup programme on Biomek 3000 that assembles all possible variations of patient and disease gene on a single plate
- Chosen an approach to maximise throughput whilst minimising wastage by mixing and matching patients and their disease genes on each plate
- Plate assembly approach applicable to genes of any size
- Developed a strategy allowing workflow management without large LIMS database
- Successfully trialled the system and achieved a TAT below 8 weeks

## Acknowledgements

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