



# Division of Medical Sciences Genetics Core Services

DNA Sequencing 96 well  
Sample Submission Form-2010

Example Cell

	1
A	Template Primer

Name:		Supervisor:		Phone:	
Date:		Email:		Division:	
<b>BILLING INFORMATION</b>					
Project Title:			Grant/Account:		
Billing Address: _____					
Additional Information:					

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												