



Division of Medical Sciences
Genetics Core Services

DNA Sequencing Request Form - 2010

Name: _____ Billing Address: _____
 E-mail: _____
 Telephone: _____
 Supervisor: _____
 Date: _____
 Department: _____
 Grant/Order number: _____
 Additional Information (e.g. problem template/s) _____

	Plate ref. Facility use only	Sample Name	Primer Selection 1 primer per box	Template size	Template type
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