

DNA SEQUENCING ORDER FORM

(Rev. AUG 24, 2004)

DATE:

Phone:

PI's name (first & last):

Email:

Dept./Location:

Total No. of Samples:

User's name (first & last):

New Customer

Special requirement

Method of getting results:

Email text file

Print electropherogram

Attach electropherogram by email

Seq. job #	Template Name (≤ 6 characters)	Type (ds,ss, PCR)	Total Size (kb)	DNA Amt. (ng)	Primer Name (≤ 3 characters)	Total Vol. (Select one)
1						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
2						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
3						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
4						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
5						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
6						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
7						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
8						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
9						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
10						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
11						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL
12						<input type="checkbox"/> 12 μL <input type="checkbox"/> 16 μL