



Medical Research Institute
Genetics Core Services

DNA Sequencing Request Form

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

	Plate ref. Facility use only	Sample Name	Primer Selection 1 primer per box	Template size	Template type
1.					
2.					
3.					
4.					
5.					
6.					
7.					
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11.					
12.					
13.					
14.					
15.					
16.					

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