



Medical Research Institute
Genetics Core Services

Fragment Analysis Request Form

Name: _____ Billing Address: _____
 E-mail: _____
 Telephone: _____
 Supervisor: _____
 Date: _____
 Department: _____
 Grant/Order number: _____ (This must be completed)

| | Plate ref. Facility use only | Sample Name | Panel | Marker Name | ASR | Colour Info. | Size Standard |
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