# DNA Sequencing and Genomics Laboratory

PLEASE LEAVE THE SHADED AREAS EMPTY

## Sequencing service order form

Institute of Biotechnology
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## Contact:

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## Sequence sent:

_____

**Notes**

_____

_____

**Contact information:**

Name: _____

Address: _____

_____

E-mail: _____

Tel/Fax: _____

_____

**Billing information:** ☐ **same as beside**

Name: _____

Address: _____

_____

E-mail: _____

Tel/Fax: _____

_____

**Additional information:**

Does any sample present a biohazard?

☐ Yes ☐ No

| Code number | Sample | Conc. (g/l) | Vector / cloning site / Size | Size of insert | Bact. strain | Primer | Conc. pmol / l | Tm | Run ID |
|---|---|---|---|---|---|---|---|---|---|
| | **1.** | | | | | | | | |
| | **2.** | | | | | | | | |
| | **3.** | | | | | | | | |
| | **4.** | | | | | | | | |
| | **5.** | | | | | | | | |
| | **6.** | | | | | | | | |
| | **7.** | | | | | | | | |
| | **8.** | | | | | | | | |
| | **9.** | | | | | | | | |
| | **10.** | | | | | | | | |