

DNA SEQUENCE REQUEST FORM TO 650 BASES

DATE SUBMITTED _____

TIME SUBMITTED _____

WORK ORDER NO. _____

SUBMITTED BY _____

PHONE NO. _____

DATE _____

MAILING ADDRESS _____

PURCHASE ORDER OR GRANT NUMBER _____

GRANT NAME _____

E MAIL ADDRESS _____

PI _____

BILLING ADDRESS _____

PRICE: \$17.00 per reaction (one template/primer combination)

Dec. 2004

Plasmid or PCR? SS or DS	Template Size	GC or AT Rich	RUN #	Put A or S	<u>TEMPLATE NAME</u> Put "A" for Archived Put "S" for Submitted	Primer Tm if Known	Put A or S	<u>PRIMER NAME</u> Put "A" for Archived Put "S" for Submitted
			1					
			2					
			3					
			4					
			5					
			6					
			7					
			8					

COMMENTS: