



Name: _____ Date: _____

E-mail: _____ Phone: _____

Lab PI Name: _____ P.O. #: _____

Department: _____ *Note: all requests require an account or P.O. #*

How do you want your sequences sent (circle one)? E-mail, Zip Disk, or Floppy Disk *

*Please leave a blank disk in the drop off box (note: 1 floppy disk/7 sequences)

date order received: _____ drop off box #: _____ date work completed: _____

reaction #	DNA template ID # (first, middle, & last initials... followed by —#)	sequencing primer (Tm if PCR primer) and concentration	DNA template source: (ds plasmid, ss, PCR product, etc.)	size and concentration
example	DLN-1	M-13 (-21) (3 μ M)	ds plasmid	4 kb 200 ng/ μ l
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				