**SEQUENCING ORDER FORM**

|  |  |
| --- | --- |
| **Contact:**  | **Bill to:** [ ]  same as contact |
| Name:       | Billing Address: |
| Address:       |       |
| Phone:       | Phone:       |
| Fax:       | Fax:       |
| E-mail:       | Email:       |

**Service Request:** **[ ]** Sequencing [ ] Fragment Analysis [ ] Real-Time Analysis

 (Check One)

**DNA Sample Information**

|  |  |
| --- | --- |
| **Template** | **Primer** (if applicable) |
| No. | Name | Conc. | Type | Size | Name | Conc. |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |

**Results Information: \***all sequences will be sent electronically\*

**Payment Information:** **[ ]** Credit Card\* [ ] Cash [ ] Cheque [ ] Other

\*For a credit card payment, we will send you an invoice via e-mail for online payment. Please ensure that your e-mail is printed clearly in the Contact information section of this form.

**For Office Use Only:**

Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_