**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_