

**Michigan State University**  
**RTSF Genomics Core Sequencing Sample Submission Form**

**Fragment Analysis**

**Customer Information:**

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

User Name: \_\_\_\_\_

PI Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Account#/PO: \_\_\_\_\_

\*\*\*\*If Billing Address different , please attach additional information

Sample Type: \_\_\_\_\_

Number of Samples: \_\_\_\_\_

**Size Standard Request:**

**Standard/ Dye information**

- GS 500 LIZ
- GS 500 ROX
- MM 1000 ROX
- ABI 1200 LIZ

Dye Sets for Standards: LIZ: (6-FAM, VIC, NED, PET)  
ROX: (6-FAM, HEX, NED)  
(5-FAM, JOE, NED)  
(6-FAM, VIC, NED)

Samples Multiplexed:  YES  NO

Injection Time: \_\_\_\_\_

(Blank is default)

Other Information: \_\_\_\_\_

Comments: \_\_\_\_\_

Internal Use Only:

CODE:	Abbrev.	QTY.	Rate:	Amount
TOTAL:				