

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: