

MICHIGAN STATE UNIVERSITY

SANGER SEQUENCING SUBMISSION

Date: _____

Sample submitted by: _____ MSU NetID: _____

Faculty Project Leader: _____ Email address: _____

Department: _____ Telephone: _____

Account / P.O. No: _____ Signature: _____

(MSU Net ID is required for MSU faculty and students. Off campus customers can use email address)

Are you a new user? Yes No

OFF-CAMPUS CUSTOMERS:

Institution/Company Name: _____

Shipping Address: _____ Billing Address: _____

Credit Card (provide info. on separate sheet)

No. of Samples: _____ Plate ID: _____

Vector: _____ Vector Size: _____ PCR Frag. Size: _____ High GC content: Y / N

Primer: Client RTSF _____ Samples submitted in: tubes 8-strips 96-well plates



Custom single tube submission

- 1. _____ 9. _____
- 2. _____ 10. _____
- 3. _____ 11. _____
- 4. _____ 12. _____
- 5. _____ 13. _____
- 6. _____ 14. _____
- 7. _____ 15. _____
- 8. _____ 16. _____

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	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

Internal Use Only:

code	Abbrev.	Qty.	Rate	Amount
	HT Purified			
	Custom – No Chromat			
TOTAL:				