



Fragment Analysis Request Form

(Please complete the form and include a copy with samples)

Custome	r Information:						
Client Name:			Date: _	Date:/			
				Institution:			
Address:			City:	City: State: ZIP:			
Phone:			Email:	Email:			
Billing In	formation:						
PO:				Credit Card: Visa MC AE			
Card No:				Expiration Date:// CSC:			
				Signature:			
				City: State: ZIP:			
Sample Information: (Please circle one)							
Purified PCR: Yes/No Ready-To-Run: Yes/No Size Standard: Fragment Sizes:							
Dye Sets Required: (Please circle one)							
DS-30: FAM/HEX/NED/ROX DS-33:FAM/VIC/NED/PET/LIZ Other(Specify):							
Well Position	Sample Name	Dye1/Size	Dye2/Size	Dye3/Size	Dye4/Size	Comment	

Use Excel form for additional samples.