

<b>PHARMACEUTICS DNA SEQUENCING AND GENE ANALYSIS CENTER</b>				
<b>Name:</b>		<b>Phone #:</b>		<b>Room #:</b>
<b>Dept. Name:</b>		<b>Mail Box:</b>		<b>Email:</b>
<b>Budget Name:</b>		<b>Budget #:</b>		
<b>Principal Investigator:</b>		<b>Date Submitted:</b>		
<b>Authorized signature:</b>				
<i>*Please submit a formatted zip disk with request.</i>				(Center Use Only)
Sample #	Sample Name	Template Description*	Lane #	P.S. Filename
1				
2				
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24				
<i>*Type of DNA template (ss dna, ds dna, plasmid, pcr product, cosmid) and # of bases</i>				
<b>Run Validation:</b>			(Center Use Only)	
Gel Std _____	Rx Std _____	Staff ID _____		
Run Date _____	Gel # _____	Signature _____		