
APPLIED GENETIC DIAGNOSTICS

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Accred. no. 3196

REQUEST FOR ELECTROPHORESIS

(PLEASE SUPPLY SAMPLES IN 1.5ml MICROCENTRIFUGE TUBES)

CLIENT DETAILS

NAME: _____ DATE: _____

INSTITUTE: _____

DEPARTMENT: _____

LAB NAME: _____

TELEPHONE: _____

EMAIL: _____

SAMPLE DETAILS

PCR PRODUCT SIZE (if applicable): _____ bp

NUMBER OF SAMPLES: _____ SAMPLE ID: _____ (eg: VK1-30)

ALTERNATIVELY SPECIFY INDIVIDUAL SAMPLE NAMES BELOW.

#	SAMPLE ID	#	SAMPLE ID	#	SAMPLE ID
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	