
APPLIED GENETIC DIAGNOSTICS

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Accred. no. 3196

REQUEST FOR SEQUENCING REACTION SET-UP AND ELECTROPHORESIS

CLIENT DETAILS

NAME: _____	DATE: _____
INSTITUTE: _____	
DEPARTMENT: _____	
LAB NAME: _____	
TELEPHONE: _____	
EMAIL: _____	

SAMPLE DETAILS

DNA PLASMID

PCR PRODUCT

#	TEMPLATE ID	DNA CONC ⁿ (ng/μl)	TEMPLATE SIZE	VOLUME OF TEMPLATE PROVIDED	PRIMER ID	PRIMER CONC ⁿ (μM)	VOLUME OF PRIMER PROVIDED
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