



Sanger Sequencing - Project Submission Form

REQUIRED INFORMATION (Project may be delayed if information is not provided at time of sample receipt)

Check the one that applies to your project

- Research Grade
 GLP
 GMP
 CLIA

Quotation Number _____

Customer Number _____

Purchase Order # _____

Purchase Order # Issued On (MM/DD/YYYY) ____/____/____

Purchase Order Amount \$ _____

or

Credit Card (Last 4 Digits Only) ____-____-____-____

Credit Card information will be verified with Billing Contact

Step 1. Provide the following general information

Project Contact

Name _____
 Institution _____
 Department _____ PO Box _____
 Street Address (for shipping) _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Principal Investigator _____

Bill Contact Same as Project Contact

Name _____
 Institution _____
 Department _____ PO Box _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

Step 2. Provide the following information about your samples

Template Information (check one)

- Plasmid
 BAC
 gDNA
 RNA
 PCR Amplicon
 Other _____

Materials Being Provided

- Purified PCR Amplicon
 Unpurified PCR Amplicon
 DNA and Primers
 DNA and Primer Combined
 Ready-to-Run Sequencing RXN
 Cell Pellet
 Glycerol Stock*
 Agar Plate*
 Other (specify) _____
 *Antibiotic Resistance: _____

Reference Sequence(s)

- TXT, DOC, XLS file(s) (FASTA) sent as email attachment
 GenBank Accession # _____
 GRCh37/hg19 chr # _____ positions # _____-# _____
 _____ chr # _____ positions # _____-# _____
 Other (specify) _____

Do the samples require purification?

- Yes No

Special Instructions/Comments _____

SeqWright Use Only

Project ID _____

Comments _____

Date Received (MM/DD/YYYY) ____/____/____
