

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 _____

Do the samples require purification?

☐ Yes
 ☐ No

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) _____

Special Instructions/Comments _____

SeqWright Use Only

Project ID _____

Comments _____

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

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