DNA SEQUENCING ORDER FORM

University of Arkansas, DNA Resource Center
Center of Poultry Science, Room L-432, 1260 W Maple St., Fayetteville, AR 72701
Phone: 575-4463 Form Created: 7-11-2005

Date: _____ PI Name: _____ Submitter Name: _____

Lab Phone: _____ **Email:** _____

SAMPLES WILL NOT BE PROCESSED WITHOUT A VALID ACCOUNT NUMBER

Univ. Account No. _____

Administrative Contact: _____ Dept. and Address:_____ Phone:_____

Template Name 4 Characters Max	**Primer Name** 4_Character Max	**Template Type** Plasmid, PCR Prod, Phage, etc	**Template Size**	**Template Conc.** Total DNA [ng]	**Template %GC Content**	**Template Prep. Method**	**Primer Length**	**Primer Tm**
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