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: 5-8-09

Date: _____ PI Name: _____ Submitter Name: _____

Lab Phone: _____ Email: _____

SAMPLES WILL NOT BE PROCESSED WITHOUT A VALID ACCOUNT NUMBER

Valid Cost Center Number: _____

Administrative Contact: _____ Dept. and Address: _____

Phone: _____

Template Name 4 characters Max	**Primer Name** 4 characters 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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