

Single Primer Extension Sample Information Sheet

Invoice No. _____
 Date _____
 SR Plas _____
 SR PCR _____
 P D & S _____
 TP / PCR AMP _____
 Col Pur _____

For Sequetech Use Only

Customer Information

| | | | | | |
|-------------|------|---|-------|-----|-------|
| Name | | | | | |
| Affiliation | | | | | |
| Address | | | | | |
| | City | | State | | Zip |
| Phone | () | - | ext. | Fax | () - |

Billing Information

| | | | | |
|--|------------|--------------|-------|-----|
| Purchase Order No. or Credit Card No. | | Exp. Date | / | / |
| Accounts Payable Phone | () - ext. | Today's Date | / | / |
| Billing Address | | | | |
| | City | | State | Zip |

Template Information

| | Template Name <small>(as it appears on tube)</small> | Template Type <small>(Circle one)</small> | Size <small>(PCR Only)</small> | Primer Name <small>or vector name and company</small> | Primer Conc. <small>(if provided by you)</small> |
|-----|---|--|-----------------------------------|--|---|
| 1. | | Plasmid PCR | | | |
| 2. | | Plasmid PCR | | | |
| 3. | | Plasmid PCR | | | |
| 4. | | Plasmid PCR | | | |
| 5. | | Plasmid PCR | | | |
| 6. | | Plasmid PCR | | | |
| 7. | | Plasmid PCR | | | |
| 8. | | Plasmid PCR | | | |
| 9. | | Plasmid PCR | | | |
| 10. | | Plasmid PCR | | | |

How would you like to receive your data? *(Please check all that apply.)*

Please check here if you would like your chromatogram files edited.
 Send data to this email address: _____
 include results as text in the message include results as file attachments
 Ship results on media storage
 Format *(select one)*: Media Type *(select one)*:
 MAC PC 1.44 MB diskette Compact Disc
 Ship hardcopies of chromatograms (4-color prints)

Shipping Option *(These options are applicable only if you selected Media Storage or Hardcopies option above.)*

Select One: Federal Express US Mail

Comments: *(Please provide additional instructions below.)*

IMPORTANT: Please check here if you would like to be notified before sequencing, in the event of low DNA concentration.



935 Sierra Vista Avenue • Mountain View, CA • 94043
 (800) 697-8685 • (650) 967-8685 • (650) 967-8542 fax

www.sequetech.com info@sequetech.com