

Single Strand Contig Sample Information Sheet

Invoice No.	_____
Date	_____
BP's	_____
%GC	_____
P's	_____
TP / PCR AMP	_____
Col Pur	_____
<i>For Sequetech Use Only</i>	

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.		
Billing Address					
	City		State		Zip

Template Information			
Template Name <i>(as it appears on tube)</i>			
Template Type <i>(Circle one or write-in)</i>	Plasmid	PCR	BAC
Approximate Size of Insert or PCR Product			
Cloning Vector Name and Company			
Cloning Sites <i>(If sequencing the entire insert)</i>			
Specific Regions to be sequenced, if any: <i>(e.g. "whole insert" or "2.3 Kb Sall frag")</i>			

How would you like to receive your data? (Please check all that apply.)	
<input type="checkbox"/> Send data to this email address: _____	
<input type="checkbox"/> include results as text in the message	<input type="checkbox"/> include results as file attachments
<input type="checkbox"/> Ship hardcopies of the finished sequence	
<input type="checkbox"/> Ship hardcopies of chromatograms (4-color prints)	
<input type="checkbox"/> Ship Contig map	
<input type="checkbox"/> Ship results on media storage	
Format <i>(select one)</i> : <input type="checkbox"/> MAC <input type="checkbox"/> PC	Media Type <i>(select one)</i> : <input type="checkbox"/> 1.44 MB diskette <input type="checkbox"/> Compact Disc

Shipping Option (These options are applicable only if you selected Media Storage or Hardcopies option above.)	
Select One:	<input type="checkbox"/> Federal Express <input type="checkbox"/> US Mail

Comments:



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