

Publication-Quality Sample Information Sheet

Invoice No.	_____
Date	_____
BP's	_____
%GC	_____
P'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.		
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.)*

Send data to this email address: _____

include results as text in the message
 include results as file attachments

Ship hardcopies of the finished sequence

Ship hardcopies of chromatograms (4-color prints)

Ship Contig map

Ship ORF map

Ship Restriction Site information

Ship results on media storage

Format (select one): Media Type (select one):
 MAC PC 1.44 MB diskette Compact Disc

Shipping Option *(These options are applicable only if you selected shipping options above.)*

Select One: Federal Express US Mail

Comments:



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