

**Institute of Marine and Environmental Technology (IMET)**  
**University of Maryland Center for Environmental Science (UMCES)**  
**Bioanalytical Services Laboratory**  
701 E. Pratt St, Suite 236, Baltimore, MD-21202

**SAMPLE SUBMISSION FORM**

Date of Submission (mm/dd/yyyy):   /  /  

Submitted By: _____	
Phone Number: _____	Email: _____
Principal Investigator: _____	
University/Dept: _____	
Mailing Address: _____ _____	
Phone Number: _____	Email: _____
PO Number (if available): _____	

Sample Names: \_\_\_\_\_ Total Number: \_\_\_\_\_

<b>Type of Service:</b>	
<input type="checkbox"/> DNA Sequencing Only	<b>Sample Type:</b> <input type="checkbox"/> Purified Plasmid <input type="checkbox"/> Purified PCR Product
Samples in compliance with the Sample Submission Guidelines?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Plasmid Purification & DNA Sequencing	<b>Primer Information:</b> Submitted with Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, Primer concentration should be 3.2 picomol/μl)
<input type="checkbox"/> PCR Product Clean-up & DNA Sequencing Amplicon Size _____ bp	
<b>If No, Primer To Be Used:</b> Primer Name: _____ <input type="checkbox"/> Forward Primer <input type="checkbox"/> Reverse Primer	
<input type="checkbox"/> MiSeq 16S Metagenomics *	<input type="checkbox"/> MiSeq Genome Sequencing* <input type="checkbox"/> MiSeq Run Only
*Includes Library Prep and Run	

By signing below, I certify that

The services being requested above will be paid from federal flow through funding

The services being requested above will not be paid from federal flow through funding

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_