

Institute of Marine and Environmental Technology (IMET)

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: _____ Email: _____

PO Number (if available): _____

Sample Names: _____

Type of Service:

DNA Sequencing Only

Sample Type: Purified Plasmid

Purified PCR Product

Samples in compliance with the Sample Submission Requirements?: Yes No

Plasmid Purification & DNA Sequencing

Primer Information:

Submitted with Sample: Yes No
(if yes, Primer concentration should be 3.2 picomol/ μ l)

PCR Product Clean-up & DNA Sequencing

If No, Primer To Be Used:

Primer Name: _____
 Forward Primer Reverse Primer

Clone Library Construction

Genotyping

Comments: _____

For Office Use Only:

Order No. _____

Invoice No. _____

Completed By: _____

Date: _____

Comments: _____