

Sequencing Sample Sheet

Please provide complete information.

Date _____

Time _____

Core Number	Sample	Primer	Plasmid / PCR	< 400 bp	

The following must be filled out prior to processing. Please print. **11/01/18**

Name _____ Department _____ Phone # _____

Email address _____ Investigator Name _____

Account / PO # _____ Authorized Signature _____