DNA SEQUENCE VERIFICATION ORDER FORM

Ship To

Name: _____
Institute: _____
Address: _____
_____
City: _____
State/Zip: _____
Phone#: _____
email: _____

Bill To

Name: _____
Institute: _____
Address: _____
_____
City: _____
State/Zip: _____
Phone#: _____
Fax#: _____

Date: ☐☐☐ PO/CC ☐☐☐☐☐☐

DNA Type

☐ Plasmid ☐ PCR Single Primer Extension ☐

Verification Required

Single Strand ☐ Double Strand ☐

Name ☐☐☐☐☐☐☐☐☐☐ **Concentration** ☐☐☐☐☐☐☐☐☐☐

Primer(s) to use ☐☐☐☐☐☐☐☐☐☐ **Template Size** ☐☐☐☐☐

Primer Sequence(to be synthesized)

5' ☐☐☐ 3'

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Special Instructions/Comments: _____
_____

DNA Type

☐ Plasmid ☐ PCR Single Primer Extension ☐

Verification Required

Single Strand ☐ Double Strand ☐

Name: ☐☐☐☐☐☐☐☐☐☐ **Concentration** ☐☐☐☐☐☐☐☐☐☐

Primer(s) to use ☐☐☐☐☐☐☐☐☐☐ **Template Size** ☐☐☐☐☐

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5' ☐☐☐ 3'

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Special Instructions/Comments: _____
_____

Signature:_____ Date:_____

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