

DNA Sequencing Order Form

PLEASE PRINT

Louisiana State University Health Sciences Center, Genomics Core Facility
Stanley S. Scott Cancer Center and Department of Genetics
Phone: 504-568-2200 Fax: 504-568-8500

Date:_____ PI Name:_____ Submitter Name:_____

Lab Phone:_____ Department:_____ Email:_____

Account Number:_____

YOUR SAMPLES WILL NOT BE PROCESSED WITHOUT A VALID ACCOUNT NUMBER

Template Name	Template Type (Plasmid, PCR, BAC, Phage)	Template Conc. (ng/μl)	Prep Method (Qiagen, Promega, homemade, etc.)	Primer Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Please Drop Samples off in the Clinical Sciences Building, Room 357.