



A · A · C
Genomics
Facility

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Dye Terminator Cycle Sequencing Requisition Form
 (completed fluorescent product)

Client Name	Lab Position
Email	Department
Phone	Supervisor

Supervisor Signature (required): _____

Billing Information *GL Coding (26 digits)*

Fund (3)	Unit (6)	Grant (6)	Project (6)	Object (5)
				64251

Results Email Network Pick-up

Product Description

	Sample Name	Primer Identification	Plasmid/PCR product	Expected sequence size (bp)
1				
2				
3				
4				
5				
6				
7				
8				
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