



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				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				