



## GeneMapper v3.7® Plate Submission Tracking Sheet

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

**Plate Record**       Email                                       Provided Disc

**Results**            Email                                       Network                                       Pick-up

**Fragment Description**                                      **Size Standard**                                      ROX                                         LIZ  

AFLP                                         Microsatellites                                         client provided                                      Yes                                         No  

Date	Plate ID	Run	Comments	B	G	R	Y

*For Administration Use Only*

Project Consultation \_\_\_\_\_ hours \_\_\_\_\_ minutes

Consultation Charge \$ \_\_\_\_\_

Requisition Charge \$ \_\_\_\_\_

Total \$ \_\_\_\_\_