



CIB Genomics Core Lab
DNA Fragment Analysis Request- On Campus
 Date Received at USU _____

Date: _____
Project Name: _____
PI Name: _____
PI Signature: _____
Contact: _____
Department _____
UMC _____
OCC #: _____
E-mail: _____
Phone: _____

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Billing Questions:
Sue McCormick (435) 797-7510

Type of Sample:
 AFLPs _____
 STRs _____
 RLPs _____
 MicroS _____
 Other _____

Plate ID	Number of Runs (48 samples/run)	Number of Samples	Standard Size (500, 600, 1200 liz)	Name of Working Sheet	Date of Job Done	Name of Files	Lab use Only
1							
2							
3							
4							
5							
6							

For more information, please call us at 435-760-3688 or visit our web site at http://www.biosystems.usu.edu/core_labs/genomics/