Mouse Genotyping Form

CUSTOMER INFORMATION						
Name						
Affiliation						
Address						
	City		State		Zip	
Phone: ( ) -	Fax: ( ) -	Email:				

BILLING INFORMATION						
Purchase Order No.		Contact Person:				
Accounts Payable Phone	( ) - ext.		Order Date / /			
Billing Address						
	City		State		Zip	

SAMPLE INFORMATION

#	Sample Name	Sample Type	PCR Size	Primer Name	Primer Conc.

How to receive your data?

Send data to this email address:

Ship hardcopies

Shipping Option (If you selected hardcopies option above)

Select One: Federal Express US Mail

Comments: