

# CAPILLARY SEQUENCING SERVICE



Name:	Date:
Grup:	E-mail:
Address:	Telephon/ FAX:

Authorized signature:

Internal number #	Sample Name	Type of sample		Primer Name	Tm Primer	Vector name	Size			Observations (CG rich, secondary structures)	Conc. DNA (ng/ul)	Bases number read		
		Plasmid	PCR				Vector	Insert	PCR			< 300 pb	400–500 pb	>600 pb

# to be completed by the service