



# REQUISITION FOR DNA FRAGMENT ANALYSIS

Requestor & P.I.: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Affiliations (check all that apply): UMDNJ \_\_\_ CINJ \_\_\_ RU \_\_\_

P.O.# \_\_\_\_\_ (required for non-UMDNJ labs)

Lane	#	Sample Name	Conc /ul	Vol	Primer name	Conc pmols/ul	Vol	H2O	Total	Price	Comments
	1	Please leave blank for control (1 per plate)							5ul		
	2								5ul		
	3								5ul		
	4								5ul		
	5								5ul		
	6								5ul		
	7								5ul		
	8								5ul		
	9								5ul		
	10								5ul		
	11								5ul		
	12								5ul		
	13								5ul		
	14								5ul		
	15								5ul		
	16								5ul		

Multiplex \_\_\_\_\_ Singleplex \_\_\_\_\_

Expected fragment size(s) \_\_\_\_\_

Dye(s) used \_\_\_\_\_

Comments \_\_\_\_\_