

DBS GENOMICS

FRAGMENT ANALYSIS REQUISITION FORM

Name:	Date:
Order no:	VAT Exempt? Y/N <small>(If yes please provide certificate of exemption)</small>
Address:	Invoice Address:
Email Address:	
Telephone No:	

Plate Name	Full plate or Half plate?	Dye Set used (DS-30/DS-33)	Have you completed and emailed a plate record?
Total number of plates supplied:			

If you choose not to complete and email a plate record your samples will be labelled according to well position.

Comments:
