

Run **

Automated DNA Sequencing Sample Submission Form

Job Number**

Microbiology & Molecular Genetics
UT Medical School, MSB 1.004
6431 Fannin, Houston, TX 77030

Tel: 713-500-5455
Fax: 713-500-5499

Submitted by: _____

Date: / /

Department/Institution: _____

Lab Phone: _____

*Check, if the template is ** Core use only

No	Template Name	*<1kb	>15kb	**	Primer Name	Cost
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Please, provide the billing numbers and contact information bellow.

Total cost: _____

Principal Investigator: _____

Signature: _____

(Please, print)

UT Investigators:

Oper. Unit: _____

Dept. Code: _____

Fund Code: _____

Project: _____

Program code: _____

Investigators from other institutions:

Purchase Order No: _____

Billing Contact: _____

Phone: () _____

Billing Address: _____

City/State/Zip: _____