HHMI / Keck Biotechnology Resource Laboratory

Non-Yale Premixed DNA Sequencing Sample Submission Form

Order Date: MM DD YY

Your Name: Last Name _____ First Name _____ MI

PI Name: Last Name _____ First Name _____ MI

Department: _____ **Institution:** _____

Telephone: ( ) - **Fax:** ( ) - **E-mail:** _____

Billing Address: *(Required)* Street Address _____ City, State _____ Zip Code

Shipping Address: Street Address _____ City, State _____ Zip Code

Required Charging Instructions (Check one): ☐ **P.O. Number-Amount:** **$** ☐ **HHMI** ☐ **Credit Card**

Enter a Purchase Order Number or a Visa/Mastercard Number and Expiration Date. Please indicate whether the charging instructions refer to a P.O. Number, an HHMI P.O. Number, or a Credit Card above. Indicate P.O. Amount if applicable.

Template Name (**NO** more than **6** characters!!)	Template Type (circle one)	*Vector*	*Insert Size (PCR size)*	Primer Name (**NO** more than **6** characters!!)
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Method of Sample Preparation:

E.Coli Host Strain:

All data returned via ftp - circle format needed (only one): MAC or PC/Unix

For additional information, please browse our pages or call Emily Hilton, Mariana Byrd, Camille Contre, or Hillary Rayo (203-737-2566) E-mail: Keckdnalab@yale.edu