

Research Technology Support Facility

Michigan State University, S-18 Plant Biology (PRL)
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Submission No.

GENE SCAN SUBMISSION

Sample submitted by: _____
Faculty Project Leader: _____
Dept. _____
Shipping Address: _____

Telephone: _____
Dept. FAX Number: _____
Email address: _____
 Credit Card (provide info. on separate sheet)

Institution/Company Name: _____
Bill To/Accounts Payable: _____
Address: _____

Account / P.O. No: _____

Signature: _____

No. of Samples: _____

No. of Runs: _____

TYPE OF ANALYSIS:

AFLP (ROX 500): _____

Fluorescent Dye Used: _____

TRFLP (MM1000): _____

Injection Time: _____
(Blank is default)

SNPs: _____

Injection Volume: _____
(Blank is default)

SSRs (Rox 500): _____

COMMENTS: _____

Run Date: _____

3100 Run Number: _____

Data Out: _____

Order ID: _____

Code	Abbrev.	Qty.	Rate	Amount
01-	AFLP			
01-	TRFLP			
01-				

Total: