Request for DNA Sequencing
Rancho Santa Ana Botanic Garden

Contact information:

Faculty Name _____ Date _____
Department _____ Phone _____
Institution _____ email _____
Billing contact _____ Phone _____
Billing reference (account number, etc.) _____

Sample information:

Total volume in tubes _____ µL
Primer(s) _____ concentration
Terminator mix _____ included _____ please add

Sample descriptions:

Number	Name	Description