UNIVERSITY OF CAMBRIDGE
DEPARTMENT OF BIOCHEMISTRY
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Telephone: 01223 766311 *Email:* dna.seq@bioc.cam.ac.uk

WHOLE PLASMID SEQUENCING REQUEST FORM

Date _____ Name _____

Tel. No. _____ Department _____

Head of group _____

Email address _____

Grant Code _____ (Biochemistry only)

Purchase Order Number***** _____ ***** A printed purchase order **must** accompany this form

Sample name	Vol. (µl)	Conc.(ng/µl)	260/280 Ratio	260/230 Ratio	Plasmid size

Comments: _____

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