

**Genotyping Form**  
(revised 2-26-2014)

Invoice Number: \_\_\_\_\_  
Do not write here

Sequencing and Genotyping Facility  
3304 Throckmorton Hall  
Manhattan, KS 66506  
Telephone: 785-532-7175

Date submitted: \_\_\_\_\_ Job Number: \_\_\_\_\_  
Do not write here

Date Received: \_\_\_\_\_ Completed: \_\_\_\_\_  
Do not write here

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Requisition number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Principle Investigator: \_\_\_\_\_ PI Signature: \_\_\_\_\_

Reminder: The facility will accept a minimum of 48 ready-to-load samples in 96- or 384-well ABI compatible plates. When submitting 48 samples, we ask that you place them in odd-numbered wells of a 96-well plate. If sample number is NOT exactly 48, 96 or 384, please add 10 ul distilled water to all empty wells.

Plate Name <sup>1</sup>	Sample Number <sup>2</sup>	Marker Type <sup>3</sup>	Expected Size Range (bp)	Dye Set <sup>4</sup>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Instructions for filling out form**

1. Indicate name of plate (exactly as written on plate) 10 characters maximum.
2. Please indicate: *48* for 48 samples; *96* for 48-96 samples; *384* for samples in a 384-well plate.
3. Please indicate whether SNP, SSR, TRAP or AFLP.
4. Please indicate: *DS02* for R110, R6G, TAMRA, ROX, LIZ dye set, *DS30* for FAM, HEX, NED, ROX dye set and *DS33* for FAM, VIC, NED, PET, LIZ dye set.

Cost (run only): \$45 for 48 samples; \$90 for 49-96 samples; \$360 for 384 samples.

Preliminary Invoice: #of samples \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (Do Not Write Here)