DBS GENOMICS FRAGMENT ANALYSIS REQUISITION FORM

Name:		Date:		
Order no:		VAT Exempt? Y/N		
		(If yes please provide certificate of exemption)		
Address:		Invoice Address:		
Email Address:				
Telephone No:				
Plate Name	Full plate of	or Dye Set used	Have you completed and	
	Half plate	(DS-30/DS-33)	emailed a plate record?	
Total number of plates assembled	-		<u> </u>	
Total number of plates supplied	<u> </u>			
If you also go not to complete and one	il a plata nacand		elled according to well modition	
If you choose not to complete and email	u a piate recora	your sampies wiii be iabe	etiea accoraing to well position.	
Comments:				
Comments.				