



accelerating discovery

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**NIH BPA # 263-000-53455**

## Fluorescent DNA Sequencing Order Form

### Shipping Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

ZIP

Phone \_\_\_\_\_

FAX \_\_\_\_\_

e-mail \_\_\_\_\_

### Billing Information

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

ZIP

Phone \_\_\_\_\_

FAX \_\_\_\_\_

**P.O.# or Credit card #** \_\_\_\_\_

**VISA MC AE (Circle one)**

**Samples Supplied As:** (please circle and fill in all appropriate information)

A. Plate or Glycerol Stock

Vector: \_\_\_\_\_ Antibiotic: \_\_\_\_\_ Size: \_\_\_\_\_

B. DNA

Plasmid or PCR Product Size: \_\_\_\_\_

\*For each reaction, please send 1 tube containing 2 µg of template and at least 20 pmoles of primer in a total volume of 20 µl of water. If BioServe has your sequencing primer or a universal primer is being used, please indicate the name of the primer below and the template in a volume of not more than 19 µl.

	Template Name	Primer Name	Primer Included	Primer Not Included
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____