GENELABS MEDICAL (PVT) LTD

SAMPLE SUBMISSION FORM – SANGER SEQUENCING & MOLECULAR SERVICES

No. 431, Nawala Road, Nawala, Sri Jayawardenepura Kotte | Tel: +94 765 392182 / +94 112075877

Lab ID	Date	Submitter Name	Institute / Organization
	_____		

Department / Laboratory: _____ Email: _____

Telephone: _____ Project / P/O No.: _____

1. SERVICE REQUEST

Select required service(s):

Service	✓	Service	✓
DNA Extraction	☐	PCR Amplification	☐
Gel Electrophoresis	☐	Sanger Sequencing	☐

Sequencing: ☐ Unidirectional ☐ Bidirectional ☐ N/A Primer: ☐ Customer supplied ☐ GenLabs

2. SAMPLE DETAILS

Complete one row per sample. Sample ID must match the tube label.

Sample ID	Sample Type / Material	Vol. / Amount	Conc.	Expected Size (bp)	Primer ID / Direction

Clarification required: ☐ No ☐ Yes No. of Reactions: _____

Total Cost (Rs.): _____

Payment: ☐ Paid ☐ PO ☐ Pending

Submitter Signature: _____

Received / Authorized By: _____