DNA Core Facility

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DNA Fragment Analysis Request Form

Principal Investigator:			Date:	
Organization	n:			
Requestor:		Phone:	Phone: Fax:	
E-mail:		Service Code #:		
S.#	No. of Samples	Dye Combination	Expected Size Range DNA Fragments	of
 (A)- V (C)- H Inquire Use ge Sampl Result You ca 	VIC, FAM-6, NED, IEX, FAM-6, NED be before you use so let electrophoresis to les can also be accest can be received on the will be provided an use Peak Scanne	epted through HEC program on the same day if delivered be in the form of soft copies. For Software from ABI to view	es in your multiplex samples send the samples to the facility Access to Scientific Instrument before 9.00 AM.	ation".
It is certified t	that there is no biol	ogical hazardous material in	the samples	Signature & Office Seal
Approval of	Director Genera	al:		CAMB Use Only
Invoice #:		c'd: Rxn Date:	Size Std. Used:Results Delivery Date:	