

DNA SEQUENCING AND ANALYSIS LAB

Sample Plate Map

Employee / Student Name: _____ Plate Name _____ Date: _____

Institute/Lab Name: _____ Size Standard : _____
 (Sample name should not be more than 8 letters)

Analysis type (Genotyping or Sequencing)

H	G	F	E	D	C	B	A	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								11
								12

- Note:**
- 1: Label the Plate with name and date
 - 2: Give marker's names and sizes on back side of the plate map.
 - 3: After two months data will be deleted from database Run Number and
 - 4: Check your amplification on gel and attach gel photograph with plate

For Facility use only
 Run # ----- Inst. #-----Date:----- Sign: