

GENE ANALYSIS

Building 2 Room 2201

Tail Analysis Service Order Form

Requested By:
Principal Investigator:
Phone:
Grant No:
Date:
Authorized Signer

(Lab personnel only)

	Animal ID	Primers Name	Total	Results
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Comments/Special Instructions: