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**Genotyping Services**

**Sample Submission Form**

**For MBCF Approved Protocols**

**DATE:**

**Name:**

**Department:**

**PI:**

**Account #:**

**E-mail:**

 **Report will be e-mailed to e-mail address provided.**

**PROTOCOL Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of Samples \_\_\_\_\_\_**

Sample Type:\_\_\_ Tail Snip \_\_\_Ear Punch \_\_\_ DNA \_\_\_ Other

 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE IDENTIFICATION: (**Tissue must be provided in individually labeled 1.5 ml tubes)

Use additional sheets if necessary.

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| --- | --- | --- | --- |
| **Tube #** | **Sample Name** | **Tube #** | **Sample Name** |
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Cost/Sample \_\_\_\_\_\_ X # of Samples \_\_\_\_ = **TOTAL**

**FOR MBCF USE ONLY:**

Run By:

Date Completed:

Comments: