



GENOMICS and PROTEOMICS (GaP) FACILITY

ER3002, Alexander Murray Building, Memorial University of
Newfoundland Telephone: (709) 864-3278 email:

SAMPLE SUBMISSION FORM

Project Name:	<input type="text"/>				
Quote:	<input type="text"/>	Purchase Order/Grant Number:	<input type="text"/>	Number of Samples:	<input type="text"/>
Type of Analysis (Sequence/ Fragment):	<input type="text"/>		Number of Primers:	<input type="text"/>	
PALL Plate MW Size (10, 30 or 100K):	<input type="text"/>	Number of PALL wells used:	<input type="text"/>		
CUSTOMER / BILLING INFORMATION					
Name:	<input type="text"/>		email:	<input type="text"/>	
Phone Number:	<input type="text"/>	Principal Investigator:	<input type="text"/>		
Institution:	<input type="text"/>		Department:	<input type="text"/>	
Address:	<input type="text"/>				
	<input type="text"/>				
City:	<input type="text"/>	Province:	<input type="text"/>	Postal Code:	<input type="text"/>
Lab Manager or PI (<i>print name</i>):	<input type="text"/>				
Signature:	<input type="text"/>			Date:	<input type="text"/>

THIS SECTION IS TO BE COMPLETED BY GAP	
Samples Received:	<input type="text"/>
CS Date:	<input type="text"/>
Plate Name:	<input type="text"/>

PLEASE NOTE THAT SAMPLES WILL BE DISCARDED TWO WEEKS AFTER THEY HAVE BEEN PROCESSED.