

Name of contact \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Principal Investigator \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

University (if applicable) \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Grant or Account # \_\_\_\_\_

Type of Service requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Description of Sample**

(e.g. Plant DNA, whole bacterial DNA, etc.)