****

**Genotyping Services**

**Sample Submission Form**

**For MBCF Approved Protocols**

**DATE:**

**Name:**

**FOR MBCF USE ONLY:**

Run By:

Date Completed:

Comments:

**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.

| **Tube #** | **Sample Name** | **Tube #** | **Sample Name** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Cost/Sample X # of Samples =**TOTAL**