



UNIVERSITY OF CAMBRIDGE
CAMBRIDGE GENOMIC SERVICES-DEPARTMENT OF PATHOLOGY
TENNIS COURT ROAD · CAMBRIDGE · CB2 1QP · ENGLAND
Telephone: 01223 333709 email: cgs@path.cam.ac.uk



FRAGMENT ANALYSIS REQUEST FORM

Date _____ Name _____

Tel. No. _____ Department _____

Head of group _____

Email address _____

Grant Code _____ (Pathology only)

Purchase Order Number* _____ * A printed purchase order **must** accompany this form

Sample specifications, please tick and complete as appropriate

☐ Full plate ☐ Partial plate

☐ DS-30/D (6-FAM/HEX/NED/ROX) ☐ DS-33/G5 (6-FAM/VIC/NED/PET/LIZ)

Run Name

Comments:

NOTES

- Samples must be supplied in standard 96-well PCR plates with a cut-away corner at the A12 position
- Samples must be supplied resuspended in HiDi formamide
- Samples must be supplied pre-mixed with the relevant size standard compatible with the dye set selected above