



UNIVERSITY OF CAMBRIDGE
CAMBRIDGE GENOMIC SERVICES-DEPARTMENT
OF PATHOLOGY
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ENGLAND
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WHOLE PLASMID SEQUENCING 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 name	Vol. (µl)	Conc.(ng/µl)	260/280 Ratio	260/230 Ratio	Plasmid size

Comments: _____
