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| --- | --- |
| Customer Information: | For Office Use Only: |
| PI Name: |  |   | Date of DNA Extraction: |   |   | Date of PCR | Date of Gel |
| Contact Email:  |  |   | Gene 1: |   |   |   |   |
| Date:  |  |   | Gene 2: |   |   |   |   |
| # of Samples: |   |   | Gene 3:  |   |   |   |   |
| **Sample Submission:** Label form with PI intials\_GenotypingProtcol\_Date, this will be your sample id number. Email a copy of this form to genotyping@une.edu. Label top of tube with tube id in black or blue ink. Place samples at +4˚C with a printed copy of sample submission sheet. If providing new primers place in -20°C freezer. Both are located in Stella Maris 403. |
|  |  | Breeding Unit Genotype\* | Genotyping/PCR  | NaOH Digest (Yes/No) | Return Samples (Yes or No)\*\* |
|  | Tube ID | Female | Male | Protocol 1 | Protocol 2 | Protocol 3 |
| 1 |   |   |   |   |   |   |   |  |
| 2 |   |   |   |   |   |   |   |   |
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| 34 |   |   |   |   |   |   |   |   |
| \* In order for us to verify the results, please provide the confirmed genotypes of the breeding unit.  |
| \*\* If Samples are not picked up within 7 days of being processed they will be discarded. |  |