



COLLEGE OF VETERINARY MEDICINE

Veterinary Pathobiology



**DNA Technologies Core Lab
VMR Building 1197, Room 226
College Station, TX 77843-4467**

Min Cai
Phone: (979) 862-3991
Fax: (979) 845-9972
E-mail: derrlab@cvm.tamu.edu

Dr. James N. Derr
Phone: (979) 862-4775
E-mail: jderr@cvm.tamu.edu

Genotyping Service

Date: _____

Department: _____

Requested By: _____

Telephone: _____

Principal Investigator: _____

E-Mail Address: _____

P.O. # _____

Invoice # _____

GENETIC ANALYSIS

Samples ready to run on the ABI 3130 Genetic Analyzer.

Client provides side standard _____ Reactions @ \$1.50= _____

With our side standard (MapMarker ROX-400 from Bioventures) _____ Reactions @ \$2.00= _____

Please note: The ABI 3130 Genetic Analyzer runs 16 samples at a time, thus we charge in multiples of 16. Also note that on the 3130 Genetic Analyzer, TET and FAM will display blue in your results.

Samples will be held for 14 days and then be discarded.

Remember to fill out all the information on the back of this form.

Make checks payable to:
Texas AgriLife Research
Veterinary Pathobiology Department
VMS Building, Room 119

Total Charges \$ _____

If you are submitting samples in strip tubes or a 96-well plate, please fill in sample information that corresponds to the well or tube containing each of your samples. If samples are in individual tubes, please be sure that tubes are labeled clearly with sample names or numbers.

[illegible]

We will need the following information in order to process your samples:

1. Sample Names
2. Primer (locus) Name
3. Fluorescent Label (6-Fam, Hex, Tet, Ned, Vic)
4. Expected size range of alleles

[illegible]