



# GENETIC ANALYSIS FACILITY ORDER FORM

The Centre for Applied Genomics (<http://www.tcag.ca/>)  
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(rev09/08)

Date: \_\_\_\_\_  
User's Name: \_\_\_\_\_  
Supervising Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_  
Institute: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

## **PAYMENT INFORMATION:**

Cost Centre/P.O. Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry (MM/YY): \_\_\_\_\_

Send invoice to billing address

Card Holders Name: \_\_\_\_\_

## **MICROSATELLITE GENOTYPING:**

**Ready-to-run** Number of samples: \_\_\_\_\_ Machine:  ABI 3100  ABI 3730XL

**Analysis required** Details (attach separate sheet if necessary): 1) Number of loci \_\_\_\_\_  
2) Dye(s) used \_\_\_\_\_ 3) Size range of products \_\_\_\_\_

**Full service** Number of samples: \_\_\_\_\_  
Details (attach separate sheet if necessary): 1) PCR primers \_\_\_\_\_  
2) Tm of primers (if provided by user) \_\_\_\_\_

## **SNP GENOTYPING:**

**SNAPshot (PCR products provided)** Number of samples: \_\_\_\_\_  Require design of SNAPshot primer(s)

SNAPshot primer	Length (bp)	Tm (if known)	Sample names
1.			
2.			
3.			

**SNAPshot (full service)** Number of samples: \_\_\_\_\_ PCR primers: \_\_\_\_\_ PCR optimized?  Yes  No  
 Require design of SNAPshot primer(s)

SNAPshot primer	Length (bp)	Tm (if known)	Sample names
1.			
2.			
3.			

**Taqman** Number of samples: \_\_\_\_\_

Probes:  Pre-designed SNP genotyping assays \_\_\_\_\_  Custom SNP genotyping assays (submit target DNA sequence)

## **METHOD FOR RECEIVING RESULTS:**

Email table  Email data files  Mail printout  Pick up printout  Pick up data files on disk  Keep samples for pick-up