

MOLECULAR BIOLOGY CORE GENOTYPING REQUEST FORM

Date:

Name of Person Requesting Genotyping:

Principal Investigator's Name:

Name of the gene being genotyped:

PCR Primers (name and sequences):

1.

2.

3.

4.

Expected PCR product sizes:

1.

2.

3.

The genotyping results will be reported to the following people:

Name:

Phone:

Email:

Name:

Phone:

Email:

How often do you expect the core to perform genotyping (every week, once per month, etc.)?

How long a time period do you expect to continue genotyping (continuously, six months, etc.)?

Are there any special considerations for the urgency of genotyping (life span of mice, etc.)?

Please provide the following information:

A. PCR conditions (if it is already established):

1. Annealing temperature
2. Each cycle length
3. Number of cycles

B. Relevant Journal Articles: