

Name of contact \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Principal Investigator \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

University (if applicable) \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grant or Account # \_\_\_\_\_

Type of Service requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Description of Sample

(e.g. Plant DNA, whole bacterial