

# Genotyping Service

## Request Form



### 1 INVOICE ADDRESS

Department/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Order No: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 2 HOW WOULD YOU LIKE TO RECEIVE YOUR RESULTS? *(Please tick)*

Website  Gel file picture  
 Sample files

Hard Copy  Gel picture  
 Genotype electropherograms

Total number of samples: \_\_\_\_\_ Filter set required: \_\_\_\_\_

### 3 COMPLETE SAMPLE DETAILS OVERLEAF

### 4 SAMPLE DELIVERY

IMVS Molecular Pathology, Frome Road, Adelaide SA 5000.

Phone: +61 8 8222 3891 Fax: +61 8 8222 3146

[www.imvs.sa.gov.au/molpath/geneseq/login.htm](http://www.imvs.sa.gov.au/molpath/geneseq/login.htm)

#### Office use only

#### Lab Notes:

#### Invoicing Information:

Account No: \_\_\_\_\_

Invoice No: \_\_\_\_\_

*Wh / Product*

\_\_\_\_\_ Genescan (13 Gene lanes)

\_\_\_\_\_ Genotyping analysis (13 Genotyping)

\_\_\_\_\_ Primer set (13 Gene primer)

Medvet Science Pty Ltd trading as Medvet Laboratories. 38 Payneham Road Stepney SA 5069.

**Freecall 1800 633 838**

