

**FOR MBCF USE ONLY:**

Consultant:

Date Completed:

Comments:

**Initial Request for Genotyping Services**

**DATE:**

**Name:**

**Department:**

**PI:**

**Account #:**

**E-mail:**

**BACKGROUND INFO:**

**Species/Strain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sample Type: Tail Snip Ear Punch DNA Other

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Mutation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gene of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NCBI Accession #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUIRED MATERIALS:**

**Detailed Genotyping Protocol Provided? YES NO**

Consultation fees ($50.00/hour) apply for protocol development.

**Protocol Validation Provided? YES NO**

Gel image **from PI’s lab** proving PCR reliability. MBCF Validation Fee = $75.00

MBCF Optimization Fee = $75.00

**Controls Provided for All Genotypes? YES NO**

WT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hetero ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mutant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primers Provided? YES NO Order from IDT? YES NO**

Note: Primer sequences **MUST** be submitted electronically to: **mbcf@etsu.edu**

Expected Band Size (base pair):

Primer Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primer Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primer Name #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primer Name #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_