

**Initial Request for Genotyping Services**

**DATE:**

**Name:**

**Department:**

**PI:**

**Account #:**

**E-mail:**

**FOR MBCF USE ONLY:**

Consultant:

Date Completed:

Comments:

**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

**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**

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

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

Expected Band Size for Primer #1 and #2 (base pair): \_\_\_\_\_\_\_\_\_\_

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

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

Expected Band Size for Primer #3 and #4 (base pair): \_\_\_\_\_\_\_\_\_\_