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| **GENOTYPING ORDER/REQUISITION FORM** | | | |
| **PROJECT INFORMATION** | | | |
| Project Name |  | Project code |  |
| **Study sample size** |  | **Number of assays** |  |

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| Project Description |  | |
| Result format |  | |
| Preferred mode of communicating results |  | |
| **PRINCIPLE INVESTIGATOR/PROVIDER** | | |
| Name: Email:  Phone: | | Clinic/Hospital/Institution name:  Department:  Address: | |
| **Billing Information** | | |
| Billing Code: | |  | |

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| **SAMPLE INFORMATION\*** | | | |
| Sample type |  | No. of samples |  |
| Sample collection date |  | Sample volume |  |
| \*Only blood in purple/lavender EDTA tubes, please use the attached form for submitting multiple blood samples. A minimum volume of 1mL is required. | | | |
| **For DNA samples\*** | | | |
| Number of samples |  | Date of extraction and storage method |  |
| Sample Source |  | Method of Extraction |  |
| \*DNA quality will be assessed in the facility after sample reception and in case of samples not meeting QC resubmission may be requested.  It is recommended that the DNA samples for genotyping be purified by column/magnetic bead methods.  A minimum volume of 20ul at a minimum concentration of 20ng/ul is required per sample per assay.  Samples maybe submitted in 1.5mL/ 0.5mL microcentrifuge tubes, 0.2mL PCR strip-tubes or 96 well PCR plates.  Please use the attached form to fill in the sample information. If using plates provide a plate map. | | | |

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| **ASSAY INFORMATION** | | | |
| Total number of Taqman genotyping assays |  | **Number of samples to be assayed in a batch** |  | |

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| **TAQMAN SNP ASSAY INFORMATION** | | | | |
| **Project Code:** |  | **Total number of Assays:** | |  |
| **SNP ID** | **dbSNP ID** | **Taqman assay ID** | **MAF** | **Comments** |
| **Assay 1** |  |  |  |  |
| **Assay 2** |  |  |  |  |
| **Assay 3** |  |  |  |  |
| **Assay 4** |  |  |  |  |
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| **SAMPLE SUBMISSION FORM** | | | | | | | |
| **Project Code:** | |  | | **Total number of samples:** | |  | |
| **Sl No** | **Sample ID NO** | | **Collection date** | **Sample Volume** | **Race/ Ethnicity** | | **Comments** |
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| **DNA Submission form** | | | | | | |
| **Project Code** | |  | **Number of samples** | |  |  |
| **Sl No** | **Sample ID** | **Concentration** | **Volume** | **A260/280** | **A260/230** | **Well position** |
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