

# Order Form Fragment Analyzer

## Customer Information

User Name:

Company/Institution/ Department:

Billing address:

Phone:

Email:

Paid from internal university account:    Yes                                    No

DFG-project:    Yes                                    No

FACHBEREICH 10  
NACF

**bioCF**

Faculty of Biology Core Facilities



Nucleic  
Acids

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## Sample information

DNA

RNA

Personal Abbreviation*	Sample Name	Choose Desired Kit (same Kit is used for samples 1-11)
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		

\* Please label your sample with your personal abbreviation and consecutive number.

Placing of Order: \_\_\_\_\_  
Signature/Date