



REQUISITION FOR NUCLEIC ACID

NAME: <input type="text"/>		For Office Use Only
DESIGNATION: <input type="text"/>		Reference No. <input type="text"/>
ADDRESS: <input type="text"/>		DATE: / /
TEL. / MOBILE NO. : <input type="text"/>	EMAIL: <input type="text"/>	
CODE OF SAMPLES: <input type="text"/>	NATURE OF SAMPLE: RNA <input type="checkbox"/>	DNA <input type="checkbox"/>
SOURCE OF SAMPLE (ANIMAL/HUMAN): <input type="text"/>		
TARGETED GENES: <input type="text"/>		
PRIMER MELTING TEMPERATURE (°C): <input type="text"/>	ANNEALING TEMPERATURE (°C): <input type="text"/>	
PRIMER SEQUENCE: <input type="text"/>		
GENE EXPRESSION: <input type="checkbox"/>	GENOTYPING: <input type="checkbox"/>	OTHER (SPECIFY): <input type="text"/>
METHOD: <input type="text"/>		
ANY OTHER INFORMATION REQUESTED: <input type="text"/>		
SIGNATURE <input type="text"/>		DATE: / /