**Formularz zamówienia usługi sekwencjonowania metodą Sangera**

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| Imię i nazwisko |  |
| Data |  |
| Telefon |  |
| E-mail |  |
| Instytucja |  |

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| SEKWENCJONOWANIE | | **Matryca** | | **Rodzaj matrycy** | | **Starter** |
| Lp. | Nazwa próbki | stężenie (ng/µl) | wielkość (pz) | PCR | plazmid | Nazwa |
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Uwagi:

* **Prosimy o załączenie zdjęcia żelu!**