Genemed Synthesis, Inc **407 Cabot Rd.** **South San Francisco CA 94080 USA** **Tel: (800) 344-5337 Fax: (650) 952-9540** **Email: bxue@genemedsyn.com**	DNA SEQUENCING **ORDER FORM**	**Quotation :** **Purchase Order #:** Date received: Date completed:

Shipping To:	**Billing Address**
Attn:	**Attn:**
Phone/fax **E-mail**	**Phone/fax:** **E-mail**:

Item No.	Sample Name	DNA Type Plasmid or PCR fragment	DNA Quantity in ul	DNA Concentration (ug/ul)	Primer Name	Primer concentration (pmol/ul)	Total Price#
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
					Total		

$10 per reaction. **Please send this order form by e-mail to info@genemed syn.com.**

Authority name and signature **Print Name** **Date**

Primer sequencing and other notes:

Term: Net 30 days. F.O.B. South San Francisco, CA. Ship: Best possible way. This quotation is effective for 30 days from the above date unless otherwise indicated. Please refer to quotation or contract number when placing order.

Note: any special order which is non-catalog item is non cancelable and non returnable. This quotation is based upon the present prices of material and labor and is subject to change to reflect increase in cost of material and labor. Please send your order promptly.