



北京脑科学与类脑研究中心
Chinese Institute for Brain Research, Beijing

遗传操作中心
Genetic Manipulation Core

Service Request Form for Genotyping

Service Application Principal Investigator 服务申请实验室负责人	Name:	Service Applicant 服务申请人	Name:
	Email:		Email:
	Phone:		Phone:

Filled by requester					Filled by our staff
#	Sample Number	Forward Primer	Reverse Primer	Expected size	Result
1					
2					
3					
4					
5					
6					
7					
8					

样品提供者签字及日期 Sample Provider Signature		结果提供者签字及日期 Result Provider Signature	
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