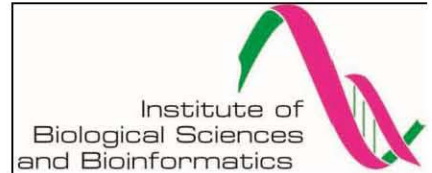




# Institute of Biological Sciences and BioInformatics

1/42-N Vineet Khand, Gomti Nagar,  
Lucknow-226010 (U.P.) India



Administrative Office(BioTech Park, Lucknow) Mobile NO.:- 8808088831  
Research Lab Kanpur Mobile No. 9889054210

## MICROBIAL IDENTIFICATION/SEQUENCING REQUEST FORM

**Date of Submission:** --/--/----

### CUSTOMER DETAILS

Name of the Customer:

Institute/Organisation:

Address: -----  
-----  
-----

Contact No.: (M) ----- (O) ----- Fax: -----

E-mail ID: -----

### BILLING ADDRESS

Name :

Address: -----  
-----  
-----

Contact No.: (M) ----- (O) ----- Fax: -----

E-mail ID: -----

SERVICE REQUIRED (Please make a Tick mark against the required service)

### FOR BACTERIA/ACTINOMYCETES

Morphological/Biochemical characterization  Sequencing  Both

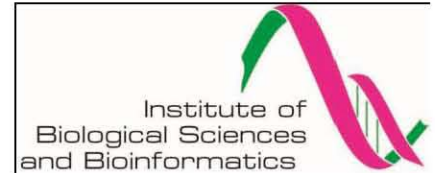
### FOR FUNGI /YEAST

Morphological characterization  Sequencing  Both



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## SEQUENCING ORDER FORM

### Source of the Template

Human /Plant  Bacterial  Plasmid  PCR Product   
BAC  Cosmid  RNA

Need any specific region or Gene to be sequenced? YES  NO

If yes mention the Name of the Region -----

Specific Primer to be used YES  NO

If Yes mention the sequence of the Forward & Reverse Primer

FP: -----

RP: -----

Note;

If the required sequence length is >1500 bp please mention here -----

| Length of sequence Required |                          |
|-----------------------------|--------------------------|
| UPTO 500 bp                 | <input type="checkbox"/> |
| UPTO 1000 bp                | <input type="checkbox"/> |
| UPTO 1500 bp                | <input type="checkbox"/> |

### Note;

If the required sequence length is >1500 bp please mention here -----

