

Order Receipt - Tracking # 30-409035206 Service Type - Premix



Thank you for your order

INSTRUCTIONS: Please print this form and include a copy with any submitted samples. For NGS orders EXCEPT EZ services, please submit a Sample Form through your online account. For Regulatory orders, also include the Sample Registration PDF.

Ship Samples to (if applicable)	Customer	Information	Payment Details		Customer Shipping Address		
GENEWIZ, LLC	Name	Dilnar Mahmut	Payment Type	TO BE ASSIGNED	Boston Children's Hospital		
Attn: GA	Phone	+1-6179194558	Submitted Time	8/24/2020 10:47 AM	Dilnar Mahmut		
115 Corporate Boulevard	PI	Vijay Sankaran	Account Manager	Kelly Allen	1 Blackfan Circle RB 07004C		
South Plainfield, NJ 07080	Company	Boston Children's	Account Manager	kelly.allen@brooks.	Boston Massachusetts 02115		
USA		Hospital	Email	com	United States		
877-GENEWIZ	Email	dilnar.mahmut@childre			+1-6179194558		
		ns.harvard.edu					
Order Summary							

Order type Sanger Sequencing Order Name AL 8.21.20 Service Priority Standard Pickup Date 8/24/2020

Service Type Premix

DNA Type PCR Product - Purified
Purification Type Ampure XP Beads

Number of Reactions 6

Layout Vertical View

Reaction	Tube	#	DNA Name		Conc. (ng/µl)	My Primer	GW Primer		Difficult Template	Notes
DM01	DM1	1	8.19_LowInput	< 501		R1		Premixed		
DM02	DM2	2	8.19_HighInput	< 501		R1		Premixed		
DM03	DM3	3	8.19_LowInput	< 501		R2		Premixed		
DM04	DM4	4	8.19_HighInput	<501		R2		Premixed		
DM05	DM5	5	8.19_LowInput	<501		Index		Premixed		
DM06	DM6	6	8.19_HighInput	<501		Index		Premixed		





CUSTOMER INFORMATION:

Name: Dilnar Mahmut Phone: +1-6179194558 PI: Vijay Sankaran

Company: Boston Children's Hospital **Email:** dilnar.mahmut@childrens.harvard.edu

PAYMENT DETAILS:

Payment Type:

Estimated Price Information

Tracking Order **Plate Total Created Date** Number **Service Item Order barcodes** Service Line Name Name **Amount** 8/24/2020 10:47 30-409035206 Sanger PCR Product -AL 8.21.20 \$ 36.00 AM Sequencing Purified

Customer Shipping Address:

Boston Children's Hospital Dilnar Mahmut 1 Blackfan Circle RB 07004C Boston Massachusetts 02115

United States

Phone: +1-6179194558

Subtotal Amount: \$36.00

Savings:\$ 0.00 **Tax:**\$ 00.00

Total Amount: \$36.00