### DHPLC Request Form

**The Gandel Charitable Trust Sequencing Centre**
http://sequencingfacility.med.monash.edu.au

#### Name:

#### Institute and Group:

#### Address:

#### Email:

#### Phone:

#### Cost Centre:

#### Authorising Signature:

#### Date Ordered:

**SERVICE REQUIRED:**
- [ ] DHPLC Run
- [ ] Temperature Mapping
- [ ] Fragment Sizing

**SPECIAL INSTRUCTIONS:**

<table>
<thead>
<tr>
<th>Sample Nos.</th>
<th>PCR Size</th>
<th>Melt. Temp.</th>
<th>Program Selection</th>
<th>Folder name</th>
<th>Positions</th>
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**Phone** (03) 9594 3576  **Fax** (03) 9594 7111  **Email** Sequencingfacility@med.monash.edu.au

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**Location:**
Room 3-IR-06, Block E, Level 3, Prince Henry's Institute, Monash Medical Centre, Clayton VIC 3168

**Mailing Address:**
c/- Monash Institute of Medical Research, Monash Medical Centre, 246 Clayton Road, Clayton VIC 3168

**Delivery Address:**
c/- Monash Institute of Medical Research, 27-31 Wright Street, Clayton VIC 3168

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**Issue Date:** 20.04.07  **QS10-DHPLC Request Form-2**  **Page 1 of 1**