|  |
| --- |
| **Contact Information** |
| Company Name | Submitter Name | Email | Phone |
| Gencove | Customer Success | success@gencove.com | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City | State | Zip Code |
| 30-02 48th Avenue, Suite 370 | Long Island City | New York | 11101 |

|  |
| --- |
| **Project Information** *(Internal)* |
|  **\*** Chip, Project or Test Code: | Other Information*(Qty, Sample, Coverage, Customer)* | Invoice To*(If different than shipper)* | Ref/P.O. # |
| skim-sequencing |  | Gencove | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Quantity Enclosed** |  **Plate ID / Sample ID or Indicate “Tubes”** | **Sample Quantity Enclosed** |  **\*\* Plate ID / Sample ID or Indicate “Tubes”\*\*** |
| 78 | Tubes |  |  |
| 96 | Plate ID 12345678 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***First two lines used as an example***