|  |  |  |
| --- | --- | --- |
| **Contact Information *(internal)*** |  | **Sequencer Information *(internal)***  |
| **Company**  | **Address** |  | **\* Chip, Project or Test Code:** | **Invoice To:**  |
| Gencove | 30-02 48th Avenue, Long Island City NY, 11101 |  |  | Gencove |

| **Project Information**  |
| --- |
| **Project Name *(please ensure match with manifest)***  | **Species** | **Description of sample type *(please note any details relevant to processing)*** | **Coverage**  | **Total Quantity**  |
|  |  | *(Eg. Extracted DNA from XYZ)* |  |  |

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| --- | --- | --- | --- |
| **Sample Qty Enclosed** | **Plate ID / Sample ID or Indicate “Tubes”** | **Sample Qty Enclosed** | **Plate ID / Sample ID or Indicate “Tubes”** |
| *78*  | *Eg. Tubes*  |  |  |
| *96* | *Eg. Plate ID 123456* |  |  |
|  |  |  |  |
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