

Cost Summary Sheet

Client's name: _____ **Date:** _____

Department: _____

Please circle the items that you used.

Isolation: Number of samples

Type of data: **Sequencing/Genotyping**

PCR based markers	SSR/AFLP/RAPD	<input type="text"/>
Non-PCR based markers	Isozymes*/RFLP/Others: _____	<input type="text"/>

Type of gel: **LiCor gel**

Premix/with Long Ranger/with 40% acrylamide	<input type="text"/>
Length of LiCor gel: 25 cm/41 cm/66 cm	<input type="text"/>
Number and length of run time	<input type="text"/> hr. <input type="text"/> min. per run

Agarose gel

Amount of agarose / % and size of gel	<input type="text"/>
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PCR cyclor usage: **Sequencing/Genotyping**

Number and length of run time	<input type="text"/> hr. <input type="text"/> min. per run
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Chemicals: **LiCor-related reagents**

M13 label/Stop dye/M13 MW marker (tube)	<input type="text"/>
PCR reagents	
Taq (tube)/dNTP (a set of four 100ul 2mM)	<input type="text"/>
Stock solution	
Buffer: TBE/TA (5x/10x/50x)	<input type="text"/>
1M Tris/5M NaCl/0.5M EDTA/Others: _____	<input type="text"/>

Plasticware: **Tips**

Plugged/unplugged - any size (box)	<input type="text"/>
Tubes	
0.5 ml PCR tube/microcentrifuge tube	<input type="text"/>
15 ml/50 ml falcon tube	<input type="text"/>
PCR: strips and caps/plates and caps	
Number of strips (8 tubes per strip)/plates (96 rxn.)	<input type="text"/>
Others: _____	<input type="text"/>

Gloves: Powder-free/Powdered/Nitrile

Photodocumentation:

Polaroid film 667/Thermal printout	<input type="text"/>
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Other supplies:

Unit (e.g. box/tube/ea)	Description	Amount

*for isozyme chemicals, please attach a separate sheet with the list of items and amount that you used.

Other equipment usage:

Item	Length of time	Number of time