



**ANÁLISIS DE FRAGMENTOS**  
 Recepción de muestras – Usuarios externos  
 Servicios Técnicos de Investigación

FECHA SOLICITUD	FECHA PREVISTA ANÁLISIS	FECHA ANÁLISIS
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**CARACTERÍSTICA DE LA MUESTRA**

Muestra tóxica:  SI  NO  Desconocida

**TIPO DE ENSAYO**

Aflps  Microsatélites  Identifiler  Yfiler  Primer extension  Otros

**Muestra de DNA:** Especificar fluorocromos presentes en la muestra, así como el color del estándar:

B  G  Y  R  O

Celda	Nº	Nombre de la muestra	B	G	Y	R	Celda	Nº	Nombre de la muestra	B	G	Y	R	Celda	Nº	Nombre de la muestra	B	G	Y	R
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