| **Sample ID** | **Concentration (ng/uL)** | **A260/28** | **A260/230** | **Qubit Concentration (ng/uL)** |
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**Terms and Conditions**

1. Please label the tube for each of the samples according to the list above.
2. Please mention the solution of the mixture other than EB Buffer or Deionized/Ultrapure Water.
3. Please ensure there is a minimum volume of 50uL of liquid in the tube, samples that do not meet the requirement will not be accepted.
4. Please ensure all the information above is filled.
5. Please attach Gel Electrophoresis image if there is any.