

DNA Sequencing Facility

Date of Submission: _____

Date of completion: _____

Name: _____

User e-mail: _____

Department: _____

Phone: _____

Registration No. _____

Data to be sent through : CD () or e-mail ()

Type of Service required : Ready-to-run/Single-pass/Gene-Walking/FragmentAnalysis

Additional info on samples :

Are the samples biohazardous?	Yes		No	
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Sample submission guidelines:

Required DNA concentrations:

ss DNA	100 ng/μL – pl. provide 10 μL
ds DNA	200 ng/μL – pl. provide 10 μL
PCR product	100ng/μL – pl. provide 10 μL
Primer	5pmol/μL – pl. provide 10μL
Gene-Walking	5μg

1. Pl. send Forward and Reverse primers separately
2. Template and primer to be sent in separate tubes.
3. Please enclose an agarose gel picture of the DNA.
4. Primer must be dissolved in high quality water.
5. DO NOT use any buffer or Tris for primer dilution.
6. In-house universal primers : M13-FP, M13-RP, pEGFP_C2-FP, pEGFP_C2-RP, pEGFP-FP, pEGFP-N,pEGFP-RP, pESP-RP, pET-24a, pET36b-FP, pETBlue-RP, pET30er-FP, pET-RP, pGBT9-FP, pGBT9-RP, pGEX-3', pGEX3-RP, GEX-5', pGEX5-FP, pGFP-FP, pGL2, pGL3-1, pGL3-RV3,pUC-F, pUC-R, SK, SP6, T3, T7, T7-981079, T7minus1, Topo-1, Topo-2, Topo-2N.

Sample and Primer Info:

Sample Name	DNA Type: (Plasmid/PCR BAC/YAC, genomic DNA)	Conc. (ng/ μ L)	Template Size (bp)	Forward Primer	Reverse Primer	GC rich/ repeats	Is the sample purified?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Please use additional sheet in case of more number of samples.

Please paste the samples' gel picture:

Signature of the sender

Received by