

DNA Sequencing Services Request Form

Date: _____ P.O. Number: _____

Investigator Name: _____ Phone: _____ Email: _____

Address: _____

DNA Sequencing Service

- Basic Express
 Confirmation Accuracy Single-strand accuracy Double-strand accuracy

Template information:

Plasmid Name: _____ Plasmid size: _____

Vector Name: _____ Vector size: _____

Insert/ PCR Fragment Name: _____ Insert/PCR Fragment Size: _____

- Additional plasmid/ DNA fragment information attached

Template provided as

- Purified PCR reaction

Concentration/Total volume (0.2 µg at concentration of at least 0.1 µg/µl for good results): _____

- DNA Concentration/Total volume (2 µg at concentration of at least 0.2 µg/µl for good results): _____
 Prepared by CsCl Column method Other _____

Preparation method Mini-prep Midi-Prep Maxi-prep
 DNA in (Avoid TE) water (preferred) 10 mM Tris buffer Others _____Bacteria (for purification services) as glycerol stock, colony on plate, liquid culture
 Host strain: _____ Selection Antibiotic _____, Concentration _____Plasmid Purification Services: Sequencing only 200-ml scale

- Large scale (please also complete plasmid service request form)

- Primer:** M13/pUC forward primer (5' GTAAAACGACGGCCAGTG 3')
 M13/pUC reverse primer (5' CAGGAAACAGCTATGACC 3')
 T7 promoter primer (5' TAATACGACTCACTATAGGG 3')
 T7 terminator primer (5' TATGCTAGTTATTGCTCAGC 3')
 T3 promoter primer (5' AATTAACCCTCACTAAAGGG 3')
 Sp6 promoter primer (5' CATACGATTTAGGTGACACTATAG 3')
 CMV Forward Primer (5' CGCAAATGGGCGGTAGGCGTG 3')
 BGH ReversePrimer (5' TAGAAGGCACAGTCGAGG 3')
 Oligo synthesis service (please complete our service form on page 6)
 Primer Provided (Require at least 5 µl at concentration of at least 10 µM per reaction)

Name of primer: _____ Concentration: _____ Volume: _____

Sequence (optional): _____

Additional Request: _____



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