



BIOTECHNOLOGY SUPPORT FACILITY
 5022 WAHL HALL WEST
 3901 RAINBOW BOULEVARD
 KANSAS CITY, KS 66160-7421
 PHONE: (913) 588-6927
 FAX: (913) 588-7131

DNA SEQUENCING ORDER FORM

*Principal Investigator: _____ *SubmittedBy: _____

*Department: _____ *Laboratory Address: _____

*E-mail Address for Data Delivery: _____ *Phone Number: _____

*PO/Account Number To Be Billed: _____ *Date Submitted: _____

*Required Fields

Please Fill Out Completely

*Include Electropherogram File with E-Mail? (please circle one) Yes No

	DNA Type				Template Name ¹	Template Conc. ²	Size (Kb) Insert/Vector	Primer Name ³	Primer Conc. ⁴	Primer Melting Temp.
	DS	SS	PCR	BAC λ						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Cloning Vector Used: _____

Method of Purification: _____ (Please submit template DNA in H₂O)

- 1 Indicate name of template (as written on top of tube). **Limit template names to 8 characters.**
- 2 Amount of template needed per sequencing reaction: ssDNA - 0.25µg ; dsDNA - 0.5µg ; PCR product - 50ng; BAC/λ - 1.0µg. Template concentrations must be 0.25µg/µl for ds/ss DNA, 1.0µg/µl for BAC/λ templates, and 25ng/µl for PCR products. **Concentrations must be determined by spectrophotometric analysis. Always send extra template if possible.**
- 3 Primers available at no charge:

M13F(-21)	5'-TGT-AAA-ACG-ACG-GCC-AGT-3'	T7EEV	5'-AAG-GCT-AGA-GTA-CTT-AAT-ACG-A-3'
M13F(-29)	5'-CAC-GAC-GTT-GTA-AAA-CGA-C-3'	T3	5'-AAT-TAA-CCC-TCA-CTA-AAG-3'
M13R	5'-TCA-CAC-AGG-AAA-CAG-CTA-TGA-C-3'	SP6	5'-ATT-TAG-GTG-ACA-CTA-TAG-3'
T7	5'-TAA-TAC-GAC-TCA-CTA-TAG-GG-3'	(T) ₂₄ AGC	5'-TTT-TTT-TTT-TTT-TTT-TTT-TTT-(AGC)-3'
- 4 **Custom primers for plasmid and PCR fragment sequencing must be diluted to 2pmol/µl. Custom primers for BAC/λ sequencing must be diluted to 10 pmol/µl. Custom primers must be cartridge purified (or the equivalent). Limit primer names to 5 characters.**

FOR OFFICE USE ONLY

Date Data Delivered: _____ By: _____