

**DNA Sequencing Facility  
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**Request for Mutation Scanning by DHPLC**

PI \_\_\_\_\_

Fund No. \_\_\_\_\_

Contact Person (full name) \_\_\_\_\_

Phone \_\_\_\_\_

\*E-Mail (Required) \_\_\_\_\_

Date \_\_\_\_\_

**General instructions-**

1. For the preliminary set up please submit about 10 samples: 50  $\mu$ l PCR products ( 150 bp-1 Kb) from known wild type and heterozygous samples. The wild type product should not have any polymorphism. Also the PCR products should be clean with no artifacts. Unknown samples would be analyzed after the successful analysis of known samples. There is **no charge** for running known samples during the preliminary set up.
2. Use of proofreading Taq enzymes produces better results. 10X PCR buffer should not contain any non-ionic detergents: Triton-X, Tween-20 or NP-40.
3. Purification of PCR products is not necessary.
4. No dye or fluorescent tags.
5. Please have the sequences of PCR products saved on a disk.

**Name of the Gene with chromosomal location -**

**Name of the PCR enzyme -**

**Size Range -**

**Note: Please submit your samples in 0.2 ml strip tubes or in a PCR plate.**

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												