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REQUEST FOR DNA SEQUENCING SERVICE

PI _____

Fund No. _____

Contact Person (full name) _____

Lab Phone _____ Date _____

*E-Mail (Required) _____

The Results will be put on the Server in the PI's Folder (See Instructions for Network Access)

Folder Name _____

(Printed Chromatogram is Always Provided)

- To receive efficient, successful sequencing service, please note the following:
- Consult our recommended procedures for **template preparation** and **clean-up**.
 - Submit samples **only in conjoined 0.2 ml strip tubes** containing: template and custom primer, total volume **9 µl**, or template only (if standard primer is to be provided by the facility), volume **6 µl**.
 - Follow the table below for **amounts and concentrations of templates and primers**.
 - Label the **strip tubes clearly as 1, 2, 3, 4 etc.**, write the PI name on one tube and the user name on another, at least once (**see separate instructions**).
 - **Do not submit custom primer separately; add it to your template.**
 - **For your convenience, include primer name in the sample name (sample name.primers)**

Template type	Size (kb)	Template/rxn	Suggested concXvol	Primer amount	Suggested concXvol
PCR product	0.1-1	10 ng per 100 bp	1.6-16 ng/µl X 6µl	3.2 pmoles	1.1 µM X 3µl
Plasmid	2-15	0.5 µg	80 ng/µl X 6µl	3.2 pmoles	1.1 µM X 3µl
Phage/cosmid/P1	20-100	1.0 µg	110 ng/µl X 9µl	12 pmoles	4 µM X 3µl
BAC	200	2.0 µg	220 ng/µl X 9µl	12 pmoles	4 µM X 3µl

	SampleName.Primers 1-12 Letters or Numbers only	Template (PCR, plasmid, l phage, P1, BAC)	Primer Added Yes or No	Standard Primer To be Added at the Facility	Special Instructions if any (GC rich, secondary structure, higher temp., enhancer etc.)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					