

DNA Sequencing Facility
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Request for Site-directed Mutagenesis

PI \_\_\_\_\_

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

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

Lab Phone \_\_\_\_\_

Date \_\_\_\_\_

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

Template: Please give information for each sample, submit the sequence of the insert on a disk or e-mail
We need 2-3 µg of DNA

Table with 7 columns: Plasmid, Clone Name, Clone Name After Mutation, Vector, Host strain, Total size, Antibiotic. Includes 5 rows of blank lines for data entry.

Mutagenic Oligo ( Should be between 25 and 45 bases; Label the mutation clearly, PAGE purification required):

- 1. Name: Sequence \_\_\_\_\_
2. Name: Sequence \_\_\_\_\_
3. Name: Sequence \_\_\_\_\_
4. Name: Sequence \_\_\_\_\_

Sequencing Primer:

Name: Sequence \_\_\_\_\_

After completion do you want- just the DNA ( )
or DNA transformed and preped ( ), Scale of Preparation \_\_\_\_\_