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REQUEST FOR DNA SEQUENCING SERVICES

PI _____ Charge Account (nick name) _____

Contact Person _____ Lab Phone _____ Date _____

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.primer)**

<u>Template type</u>	<u>Size (kb)</u>	<u>Template/rxn</u>	<u>Suggested concXvol</u>	<u>Primer amount</u>	<u>Suggested concXvol</u>
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.Primer 1-12 Letters or Numbers only	Template (PCR, plasmid,λ 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					