SANGER SEQUENCING REQUEST FORM

Name/Lab:		Date:					
Phone:	E-Mail Address:						
Sample species:							
Human	Mouse	_ Other					
Please NOTE!							
Plasmid samples m PCR products must Unless we normally added and ready to	e received must have a total volust have a final DNA concentration have a final DNA concentration keep and add your primer for go. Primer concentration is us mple can be labeled with no mail.	tion of 350-400 n of 5-10 ng/10 you, all sample: ually 5-7 pmol p) ng . 0bp sequenced. s should arrive wit per reaction.				
	ples isolated from an infectiou fy the material:		YES	NO			
Describe briefly ho	w your samples were prepared	d:					

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	Name of the	Name of the	Plasmid	PCR	Length	Purified	High GC
	sample	primer		Product	(bp)	(YES or	content =
						NO)	>65% (YES
							or NO)
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2							
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