DNA Sequencing Requisition

HARVARD MEDICAL SCHOOL

DEPARTMENT OF BIOLOGICAL CHEMISTRY
AND MOLECULAR PHARMACOLOGY

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Name _____ Department _____ Institution _____
PI/Lab _____ **Approval** _____ _____
Phone _____ _____

PO/Grant _____
All **HMS/HSPH** departments must submit their 33-digit Grant number

You would like your *sequences*: ___edited ___emailed ___on disk
You would like your *chromatograms*: ___edited ___emailed ___on disk ___you do ***not*** wish to have your chromatograms printed

Email address:_____

Template Types:

PCR (10-30ng/µl at 20 µl) **dsDNA** (0.2 µg/µl at 5 µl) **ssDNA** (0.1 µg/µl at 5 µl) **LARGE** {ie λ phage, genomic, BACS, YACS, COSMID etc} (1 µg/µl at 5µl, primer at 2.3 pmol/µl at 10µl)

ALL PRIMERS should be at **0.8 pmol/µ l** @ 10µl *unless template is large.*

#	DNA Type	Sample Name	Preparation Methods	Vector	Insert Length(kb)	Primer	Primer Length (b)	Comments (i.e. G/C rich, primer already added, etc.)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								