CIB Genomics Core Lab
DNA Sequencing Request-USU Campus

Date Received at USU_____

Date_____
Project Name _____
PI Name_____
PI Signature _____
Contact_____
Department_____
UMC_____
OCC #_____
E-mail_____
Phone_____**Fax**_____

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Web site: http://www.biosystems.usu.edu/core_labs/genomics/

Billing Questions: Sue McCormick (435) 797-7510

Please select the services you would like done to your sample(s).

_____Service 1- Reading DNA/Primer conc. & making necessary dilutions
_____Service 2- Performing Sequencing PCR reactions
_____Service 3- Running the Sequencing reactions
_____Service 4- Purification of Sequencing PCR reactions
_____Service 5-Loading only (3730) and sending data
_____Service 6- Data guaranteed within twenty-four hours
For details please see our website.

Sample Information, please circle or fill in the blank

Method Purified: CHCI3/phenolCscl Gel Column (Qiagen, Promega, Other_____) None
Prep Method: Alkaline lysis boiling CTAB Other
Concentration determined: Spectrophotometer Fluorometer Gel Other
DNA originally from_____organism
Send back extra template? Yes No

	Primer	Primer Concentration (2uM)	T_m of Primer	Length of Primer	Sample Name	Sample Concentration (ng/µl)	Plasmid or other vector, dbl,sgl, strnd	Insert Size	PCR prod/ fragment size	% GC Primer / Seq	Date Run
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											