

# GENE ANALYSIS

Building 2 Room 2201

## DNA Sequencing Service Order Form

Internal	External
Requested By:	Requested By:
Principal Investigator:	Company Name:
Phone:	Phone:
Grant No:	P.O. No:
Date:	Date:
<b>Authorized Signer</b>	<b>Authorized Signer</b>

**Templates and primer should be provided at the following concentrations.**

- |                 |              |                 |
|-----------------|--------------|-----------------|
| 1. Phage        | 50-100ng/ul  | 5ul /per-sample |
| 2. Plasmid      | 250-500ng/ul | 6ul /per-sample |
| 3. Primer Conc. | 10pmol       | 10ul            |

**DNA and primer name combined must be no longer than six characters**

	Template/Conc.	Primer
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Comments/Special Instructions: Example GC rich, 2ndary structure.

For more information, please contact Dianne Foster – Ext 3453 e-mail: [Dfoster@burnham.org](mailto:Dfoster@burnham.org)

