Gene Link

DNA SEQUENCING ORDER FORM

Please Enclose This Form With Template DNA

Date _____

SHIP TO

Name _____

Address _____

_____

City_____State_____ Zip _____

Phone _____

Email _____

BILL TO

Customer #_____

P.O#_____

Address_____

_____

City_____ State_____ Zip _____

Phone_____

Service Requested

- ❑ CloneIDSeq Catalog No. 15-1001-01
- ❑ DSSeq Catalog No. 15-1001-02
- ❑ Bac/Pac/P1Seq Catalog No. 15-1001-03
- ❑ Data disk & electropherogram hard copies.Cat. No. 15-1000-00

1. Template Preparation

Good sequence data is obtained from good template DNA. This underlying rule dictates that DNA template should be of high quality. All plasmid purifications should preferably be performed by using ion exchange or silica columns or any equivalent purification method.

2. Template Requirement

Preferably provide 1 µg DNA template per run dissolved in water at a concentration of 0.5µg - 1µg /µl.
Please affix below a gel picture of the DNA template.

Sequencing charges will be invoiced; if gel picture is not included and repeat sequencing runs do not yield good sequencing data.

AFFIX GEL PICTURE ABOVE

3. Template Information

NAME:.....

❑PCR product ❑ Double Stranded Plasmid/Phage DNA

❑ss DNA (M13) ❑ Bac/Pac/P1

❑ Other.....

4. Vector/Insert Information

Vector Name:.....

Insert Size:.....

Cloning Site:.....

5. Primer Information

Please check the primer for sequencing. Verify the presence of these sites in the vector.

❑T7 ❑T3 ❑SP6

❑M13 Forward ❑M13 Reverse ❑SK ❑KS

❑Other.....

Primer 1 Sequence for custom synthesis

Oligo Name: .....

___	___	___	___	___	___	___	___	___
1	2	3	4	5	6	7	8	9
___	___	___	___	___	___	___	___	___
10	11	12	13	14	15	16	17	18
___	___	___	___	___	___	___	___	___
19	20	21	22	23	24	25	26	27

Primer 2 Sequence for custom synthesis

Oligo Name: .....

___	___	___	___	___	___	___	___	___
1	2	3	4	5	6	7	8	9
___	___	___	___	___	___	___	___	___
10	11	12	13	14	15	16	17	18
___	___	___	___	___	___	___	___	___
19	20	21	22	23	24	25	26	27

Assurance: I certify that the DNA sample and tube being mailed to Gene Link did not come in contact with any radioactive and biologically hazardous material.

Signature, Title, Date

Gene Link, Inc. 140 Old Saw Mill River Rd., Hawthorne, NY 10532. Tel: (914) 769-1192; Fax (914) 769-1193
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