

Form No.		

Please do not use Tris EDTA buffer for eluting/dissolving your samples.

Please indicate if your samples have high GC content, repeats.....

DNA concentration measured by OD260 Gel estimation

quantified by UV spec.

1	K	$\prec$

Date: \_\_/\_\_/\_\_\_

## Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

## **Requisition Form for DNA sequencing services**

	Ma	<u>achine: ABI – 3730 DNA analyzer, 48 Capillary</u>	<u> Array</u>	
Please send this form for plasmid and PCR product sequencing only.				
Contact details: email: vata	<u>mhan</u>	<u>e@gmail.com,</u> <u>nidhi.n.shah17@gmail.com, chandri</u> -	ka@unipune.ac.in	
Date:			Order No.:	
		Your Details:		
Name:		Tour Details:		
Institute/Department:				
University/Company.:				
Street:				
Postal Code / City:				
Fax:				
Email:				
Signature				
		Ordering Information and sample requirements		
Plasmids:				
Plasmids must be purified	1.			
Supply 1 or 2 □g plasmid	l in a d	lried.		
Minimum template conc.	should	d be 100 ng/μl and minimum volume should be 10μl.		
Provide 0.5 μg of more D	NA fo	or every additional reactions.		
<b>PCR Products:</b>				
PCR product must be pur				
10ul of 20-50 ng/µl for PCR products <500bp or 10ul of 50-100ng/µl for PCR products >500bp				
Provide 20 ng more DNA per 100 bp product length for every additional reactions.				
Must enclose the gel photo of the samples with a size marker.				
Primer:				
Please specify the primers to be	e used	for sequencing.		
We have some standard sequer	icing p	orimers available; or else you will have to provide the same	e.	
Primer conc. should be 10 pmc	l/μl, a	nd minimum volume of 10 μl.		
Provide 5 $\mu$ l of more primer fo	r every	additional reaction.		
<b>Special Instructions:</b>				
Please submit samples in 1.5m	ıl micr	o centrifuge tubes.		

Please indicate DNA purification method (Make of Kit & Kit Name)....

Send a picture of the samples run on a quantitative agarose gel along with your samples if your samples are not

## **Information about your samples**

No	Sample type Plasmid/	Sample name	Vector	Amount of DNA	Insert / Product length [kb]	Vector primer or specific primer*		Conc. of enclosed primer
	PCR					Forward	Reverse	
1								
2	+							
3								
4								
5								
6								
7 8								
9								
10								
10								
	+							
					<b>_</b>		<b>_</b>	
			1					
	+							
	1	L	J		l	L	l	1

For	official	IISE	only	
T.O.	umciai	use	umv.	

Tor official use only.		
Checked By:	Approved By:	
Sign of researcher:	Sign of Guide:	
Sign of Faculty In-Charge:	Sign of Director, IBB:	
Note:		

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD get the acquired data.

Slot	allocated (	Date &	: Time	):	