Tel: (405)744-9327

Name: _____

OKLAHOMA STATE UNIVERSITY

Sanger DNA Sequencing Facility

Sanger DNA Sequencing Work Order: Out of Network

Project Manager: _____

Phone	Phone:			Company name:		
Email.	·		Comp	oany Billing Address: p	olease attach.	
Date:						
	Template Name	Type of DNA	Size (kb)	PCR Products Gel Purified?	Primer Name	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
 For each reaction (each primer-template pair), submit 10 μl of plasmid at 50 ng/μl or 10 μl of PCR product at 5 ng/μl. Samples must be formulated in water or buffer. No EDTA! Types of DNA: plasmid (p), Polymerase Chain Reaction (PCR), or other (o). We provide T3, T7 terminator, T7 promoter, M13 universal, M13 reverse, SP6, S-Tag, malE, BGH reverse, M13R(-48), pBad3, KS, & SK primers. For other primers, you must provide 10 μl of primer at 5 pmole/μl for each reaction. Plate rates require electronic submission of a spreadsheet formatted exactly to core specifications (please enquire). All samples and primers will be discarded after each work order has been completed. 						
DO NOT WRITE IN SHADED AREA						
DNA Sequencing Work Order Number: # Com. Reduced reagent sequence: \$9 x = Com. Full Plate: \$750 x =				Da	ate received: te completed: file, customer	
		Total Charges	=			