

OKLAHOMA STATE UNIVERSITY
Center for Genomics and Proteomics
PCR DNA Sequencing Work Order

Name: _____ *Principal Investigator:* _____

Phone: _____ *Department:* _____

Email: _____ *Campus account #:* _____

Date: _____ *Campus address:* _____

	Template Name	Size (kb)	Gel Purified?	Primer Name
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Notes:

1. For each reaction, submit 15 µl of PCR product at 15 ng/µl. For products bigger than 3kb, please contact us to discuss your project
2. Samples must be formulated in water or buffer. No EDTA!
3. The deadline for sample submission is 9 a.m. Late submissions will be analyzed the following business day.
4. For primers, you must provide 10 µl of primer at 5 pm/µl (5pm/uL = 5 uM) per reaction ordered.
5. Please consider, using plates or tube strips when submitting 24 or more samples.
6. 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: # _____

Reduced reagent sequence: \$ 4 x = _____

24 or more/per sample \$ 3 x = _____

Total Charges = _____

Date received: _____

Date completed: _____

cc: file, customer