# CIB Genomics Core Lab
# DNA Sequencing Request

Date Received at USU_____

**Date**_____
**Project Name**_____
**PI Name**_____
**PI Signature**_____
**Contact**_____
**PO #**_____
**E-mail**_____
**Phone**_____
**Fax**_____

**Ninglin Yin, Genomics Group Leader**
**Center for Integrated BioSystems**
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Logan, UT 84322-4700
(435)797-8218 or (435)760-3688
Fax: (435)797-2766
e-mail: usudna@mail.usu.edu
Web site: http://www.biosystems.usu.edu/core_labs/genomics/

**Billing Questions: Karen Fluckiger (435) 797-2753**

**Please select the services you would like done to your sample(s).**

_____Service 1- Reading DNA/Primer concentrations and making necessary dilutions
_____Service 2- Performing Sequencing PCR reactions
_____Service 3- Running the Sequencing reactions
_____Service 4- Purification of Sequencing PCR reactions
_____Service 5-Loading only (3730) and sending data
_____Service 6- Data guaranteed within twenty-four hours

For details please see our website.

**Sample Information, please circle or fill in the blank**

**Method Purified:** CHCI3/phenolCscl Gel Column (Qiagen, Promega, Other_____) None
**Prep Method:** Alkaline lysis boiling CTAB Other
**Concentration determined:** Spectrophotometer Fluorometer Gel Other
DNA originally from _____ organism
**Send back extra template?** Yes No

| | Primer | Primer Concentration (2uM) | $T_m$ of Primer | Length of Primer | Sample Name | Sample Concentration (ng/µl) | Plasmid or other vector, dbl,sgl, strnd | Insert Size | PCR prod/ fragment size | % GC | Date Run |
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