

Sequencing and Genotyping Facility, Off-campus Form

Kansas State University, Dept of Plant Pathology
 3304 Throckmorton Hall
 Manhattan, KS 66506
 Telephone: 785-532-7175
 (revised 2/26/2014)

Invoice Number: _____

Do not write here

Date submitted: _____ Job Number: _____

Do not write here

Date Received: _____ Completed: _____

Do not write here

Name: _____ Phone: _____

Department: _____ Fax: _____

Address: _____

PO/Credit Card number: _____ E-mail: _____

Principle Investigator: _____ PI Signature: _____

- Notices:**
1. Due to space limitations, excess templates and primers will not be maintained in the facility for longer than 3-4 weeks.
 2. We must have at least 48 samples for the day to run the sequencer, lack of samples may delay results of sequencing.

Sample Name ¹	Template Type ²	Template Conc ³	Vector Name	Size(Kb) Insert/vector	Stock Primer? ⁴	Primer name	Primer Tm
1.				/			
2.				/			
3.				/			
4.				/			
5.				/			
6.				/			
7.				/			
8.				/			
9.				/			
10.				/			

Instructions for filling out form

1. Indicate name of sample (as written on sample tube) 6 characters Max
2. Please indicate: DS – double stranded plasmid; BAC – large insert plasmids; LAM – Lambda; SS- single stranded DNA; PCR – PCR templates.
3. Template types and amount needed/reaction: Concentration of templates should be 250 ng/μl for ds plasmids DNA, 5 ng/100 bases/μl for PCR products and 500ng/μl for BACs. **Samples should be dissolved in ddH₂O.** If sending multiple samples, please adjust all samples to the required concentration. Always send extra template so that reactions can be retried if they do not work initially.
4. Stock primers provided by facility: -21M13; M13For; M13Rev; T7; T7Ter; T3; SP6; M13RevUSB. Dilute custom primers to a concentration of **5 pmol/μl**. Limit name to 4 characters.

Off Campus: Cost per reaction: Plasmid/PCR reactions; \$14.25; BAC/Lambda: \$15.60;
 \$376/96-well plate.

Run only:

Preliminary Invoice: #of samples _____ @ \$ _____ = \$ _____ (Do not write here)