Keck Biotechnology Resource Laboratory

Non-Yale DNA Sequencing by Primer Walking Sample Submission Form

Order Date: MM DD YY

Your Name: Last Name First Name MI

PI Name: Last Name First Name MI

Department: **Institution:**

Telephone: ( ) - **Fax:** ( ) - **E-mail:**

Billing Address: *(Required)* Street Address City, State Zip Code

Shipping Address: Street Address City, State Zip Code

Required Charging Instructions (Check one): | | **P.O. Number-Amount:** | **$** | | **HHMI** | | **Credit Card**

Enter a Purchase Order Number or a Visa/Mastercard Number and Expiration Date. Please indicate whether the charging instructions refer to a P.O. Number, an HHMI P.O. Number, or a Credit Card above. Indicate P.O. Amount if applicable.

Template Name (**NO** more than **6** characters!!)	Template Type (circle one)	*Vector*	*Insert Size (PCR size)*	Conc. µg/µl	Vol. µl	Primer Name (**NO** more than **6** characters!!)	Conc. µM	Vol. µl	*P or S (circle)
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS						4		P S
	BAC PCR DS SS'						4		P S

***P**=PREMIXED REACTION (see guidelines on website); **S**=STANDARD REACTION (100-300 ng/ul template- supply 1µg/sequencing step)

Sequence Insert (check one): __Completely on both strands __Until sequence data overlap __On one strand (specify direction)
Is there any repetitive DNA in the insert (Y/N)? ____
Comments:_____

_____

Method of Sample Preparation:
E.Coli Host Strain:

All data returned via ftp - circle format needed (only one): MAC or PC/Unix

For additional information, please browse our pages or call Emily Hilton, Mariana Byrd, Camille Contre, or Hillary Rayo (203-737-2566) E-mail: Keckdnalab@yale.edu