

NEW SEQUENCING REQUEST FORM MICB RM ON6042

Name: _____ Phone #: _____ Account to Charge _____
 Investigator: _____ Dept. _____ Bldg. _____ Rm# _____
 Date Submitted (mm/dd/yy): ___ / ___ / ___ E-mail _____

Sample Submission Guidelines (Tubes or Plates)

Tubes- Use 1.5mL (large) Eppendorf tubes. Label cap of each tube with sample name.
Plates- Use 96-well, v-bottom, full skirt PCR plates. Minimum 48 samples. G12 + H12 must be empty. Capped.
Express Plates- Plates as above. Template & CUSTOM primer or 10ul ddH₂O (for empty wells). G12& H12 must be empty. Completed Eurofin Plate Order or ExpressPlate Order Form must be e-mailed to ddubik@cc.umanitoba.ca
Each tube or well will contain either 10 µL of template only OR 8 µL template + 4 µL CUSTOM primer.
***If you are short on template, remember that 5 µL is the minimal volume needed for ONE sequencing reaction.**

Template Provided	Template Concentration (↑ with ↑ template size)	Custom Primer Concentration	Volume Template Only (*5 µL min. vol.)	Volume Template + Primer (*6 µL min. vol. 4 + 2 µL)
Plasmid Normal(<20kbp)	150-400 ng / µL	2 µM (pmol / µL)	10 µL (@150-300ng/µL)	8 µL + 4 µL (@2µM)
PCR (<300bp-Purified)	10-20 ng / µL	2 µM (pmol / µL)	10 µL (@10-20ng/µL)	8 µL + 4 µL (@2µM)
PCR (300-1000bp-Purified)	20-40 ng / µL	2 µM (pmol / µL)	10 µL (@20-40ng/µL)	8 µL + 4 µL (@2µM)
PCR (>1000bp-Purified)	30-60 ng / µL	2 µM (pmol / uL)	10 µL (@30-60ng/µL)	8 µL + 4 µL (@2µM)

Tube # Eg.	Sample Name (Max 8 characters)	Primer Code (50+ FREE see page 2) or CUSTOM (your primer)	Template Type PCR or Plasmid	Barcode (office use only)
1	Eg. DD1-CST1	Eg. T3 or T7 or SP6 or CUSTOM	Check one	
1			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
2			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
3			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
4			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
5			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
6			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
7			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
8			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
9			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
10			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
11			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
12			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
13			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
14			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
15			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	
16			<input type="checkbox"/> PCR <input type="checkbox"/> Plasmid	

Bring samples and completed form(s) to ON6042 by noon. Put samples in freezer RED RACK.
 Initial shipments on MONDAY and WEDNESDAY of every week. SHIPPING is FREE.
 Results will be placed on the SEQUENCING SERVER in 2-3 days or e-mailed directly.