MCG Genomics Core Facility
DNA Sequencing Request

Please include accurate concentration as indicated in and consistent with the range listed in the template column below. No TE in samples!

All **fields must be completed accurately or sample processing will be** ***delayed or cancelled*****!**

Name_____ **PI_____**

Phone_____ **Dept._____**

Date_____ **Email_____(no Hotmail accounts)**

DNA Source (Plasmid, PCR etc.)	Approx. Template Size(vector+insert)	Template Name (must match name on tube) 150ng in 5µl or less	Primer Name (must match name on tube) One primer per line. 20pmol/µl	Concentration (determined by customer)	Comments or Instructions

Gel#_____