**\*Required Fields**

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| **CUSTOMER DETAILS**  |
| **\*Name:** |       |
| **Reference ID:** |       |
| **\*Institute Name / Department** |  |
| **\*Address:** |       |
|  |        |
| **\*Contact Number:** | (Office)       (Mobile)       |
| **\*Email Address:** |       |
| **Principal Investigator / Supervisor:** |       |

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| **TYPE OF SERVICE (please indicate with an “X”)** |
|  | **Service Name**  | **Remarks** |
|       | **Primer Walking of Constructs – Single Pass**- Plasmid Preparation- Primer Synthesis- Sequencing, 1 to 1.5 kb/ week | primerwalking01.jpg |
|       | **Primer Walking of Constructs – Bi-Directional**- Plasmid Preparation- Primer Synthesis- Sequencing, 1 to 1.5 kb/ week | primerwalking02.jpg |

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|  | **SAMPLE** | **PRIMER WALKING** |
| S/N | Name | Type\* | Total Size (bp) | Antibiotic#  | Read Size (bp) | Sequence of Initial Sequencing Primers (5’ to 3’) | Difficult Region? (Y / N / Unknown) |
| 1 |       |       |       |       |       | Forward      Reverse       |       |
| 2 |       |       |       |       |       | Forward      Reverse       |       |
| 3 |       |       |       |       |       | Forward      Reverse       |       |

\* Type of DNA: 1 = Purified Plasmid; 2 = Purified Fosmid/Cosmid; 3 = Purified BAC

# Ampicillin, Kanamycin, Chloramphenicol provided as free.

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| **ADDITIONAL SERVICES (A separate fee is chargeable)** |
| **Quantity** | **Services** |
|       | DNA verification by Restriction Digestion |
|       | Glycerol Stock |

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| ***Have I met the sample preparation requirements?*** |
| **Checklist (Please indicate with an “X”)** |
|       | Submit **≥ 5 μg (100 ng/μl, 50 μl)**  of purified plasmid in either TE or 10 mM Tris-HCl (pH8.0) Elution Buffer |
|       | Samples submitted in 1.5 ml microcentrifuge tubes. Each tube should be clearly labeled using a permanent marker, with caps sealed with parafilm. Purified plasmid can be shipped at room temperature. |