**\*Required Fields**

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

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 |

|  |  |
| --- | --- |
| ***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. |