Pusat Biologi Kimia
Centre for Chemical Biology (CCB)

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HIGH-THROUGHPUT DNA SEQUENCING SERVICE ORDER FORM

NAME : _____
DATE : _____
PI NAME : _____
DEPARTMENT : _____
ADDRESS : _____
TELEPHONE : _____
EMAIL : _____

(Sequencing data will be sent by email, kindly provide valid email address.)

PURCHASE ORDER / REQUISITION NUMBER:
_____

CHARGEABLE ACCOUNT:
_____

BILLING ADDRESS:
_____
_____

Amount of template and primer needed per sequencing reaction are in the following amounts. Please indicate sample type for each reaction. Maximum **15 µL of template and primer** will be used for each reaction. Please write down your template and primer concentrations. Concentrations must be determined by spectrophotometric analysis. Always send extra template if possible. Sample is best eluted in **water**. If otherwise, please state.

Sample type	Purified PCR Product	Purified Plasmid
Template	**20 ng / 100 bp**	**200 - 300 ng**
Primer	**10 µM**	**10 µM**

Sample delivery options:

1. **Send to CCB office, Block A : 2.00pm – 4.30 pm (Mon-Thurs), 3.00pm-4.30pm (Fri)**
2. **CCB pick up service : Every Wednesday**

Prior arrangement are required. Kindly send email to sequencing@ccbusm.edu.my or contact **Ms. Farhana (04-6535594)** if you need us to pick up your samples or if you wish to send it directly to CCB.

Sequencing data will be sent by email in two (2) working days after receiving samples (with a minimum of 50 reactions per plate).
Optimum sequence obtained would be in the range of **800bp.*

I authorize payment for sequencing services to be performed.

PI SIGNATURE & STAMP : _____
(compulsory)

No.	Template				Primer		Extraction kit used	Remarks
	Sample name	Expected length (bp)	Sample type	Concentration (ng/µL)	Primer name	Concentration (µM)		

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	Sample name	Expected length (bp)	Sample type	Concentration (ng/µL)	Primer name	Concentration (µM)		