# Dye Terminator Sequence Request Form

**Submission Date**:

**DPO or Account #:**

**ETSU/QCOM Molecular Biology Core Facility** **User Name**:

Rm. 2-22, VA Building 119 **PI Name**:

Tel: 423-439-8096 **Dept. or Ins**.

Email: mbcf@etsu.edu

**Email address**:

**Phone #**:

## Samples will be tracked by submission date & sample ID number. **For MBCF use ONLY**

Your initials, date and ID number must be on the top of the tube. Run Date

The facility provides the following primers:

T7, T3, SP6, M13F, M13R, λgt10/11, pBAD forward and reverse. Gel ID #:

If an alternative primer is desired, it must be provided to the facility.

***Please make a copy of this sheet for your records.***

***Please fill out ONLY one line per sequence reaction.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sample ID** | **Primer Name** | **Sample Type**(plasmid, PCR, etc) | **Concentration of Sample** | **Sample Size** (Kb) | **GC Rich?**(circle one) | **Comments** |
| 1. |  |  |  |  | Yes/No |  |
| 2. |  |  |  |  | Yes/No |  |
| 3. |  |  |  |  | Yes/No |  |
| 4. |  |  |  |  | Yes/No |  |
| 5. |  |  |  |  | Yes/No |  |
| 6. |  |  |  |  | Yes/No |  |
| 7. |  |  |  |  | Yes/No |  |
| 8. |  |  |  |  | Yes/No |  |
| 9. |  |  |  |  | Yes/No |  |
| 10. |  |  |  |  | Yes/No |  |
| 11. |  |  |  |  | Yes/No |  |
| 12. |  |  |  |  | Yes/No |  |