

Advanced Studies in Genomics, Proteomics and Bioinformatics (ASGPB)

University of Hawaii at Manoa
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96-well High Throughput DNA Sequencing Order Form

Date: _____
Your Name: _____
PI Name: _____
Department: _____
Address: _____

Phone number: _____
Fax number: _____
E-mail: _____
Purchase Order/IDO number: _____
Billing Address: _____

Project No. to be charged _____

Note: Template and primer are needed for each reaction in the following amounts. Please indicate sample type for each reaction. Maximum 5µl of template DNA will be used for each reaction. Label your primer concentration.

| | <i>Plasmid</i> | <i>PCR products</i> | <i>BAC clones</i> | <i>Genotyping</i> |
|------------------|----------------|---------------------|-------------------|-------------------|
| <i>Template:</i> | 200-300ng | 20ng/100bp | 0.5-1µg | |
| <i>Primer:</i> | 3.2 pmol | 3.2 pmol | 3.2 pmol | |

Sample volume: _____ µl

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|
| A | | | | | | | | | | | | |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |

Other Instructions: _____

Delivery of sequence data: **Total number of samples:** _____ x = _____

E-mail attachment (zipped). Please provide e-mail address above.

Flash drive. Please provide media.

PI SIGNATURE: _____

I authorize payment for sequencing services to be performed

Contact: Shaobin Hou or Jennifer Saito

Phone: (808) 956-8039

E-mail: asgpb07@gmail.com or asgpb@hawaii.edu