

Biotechnology Center of National Chung Hsing University

DNA Sequencing Service Laboratory

DNA Sequencing Service Application

Title of Department: _____ Name of Principal Investigator: _____

Name of User: _____ Date: _____ Telephone No.: _____

E-mail : _____

According to Personal Data Protection Law ,I agreed that the personal information I provided is limited on DNA sequencing service if necessary.

Full Sequencing Reaction and Gel Electrophoresis Gel Electrophoresis only

The way of receiving Sequencing Data : E-mail USB provided print out

Sequencing Data : Electropherogram file (.ab1) Text file (.seq)

DNA Sample Information

Method of DNA Purification & Quantitative: _____

※ Please provide the gel electrophoresis image of the DNA and indicate the loading volume and amount of the DNA.

※ Please provide the related characteristic of the DNA in column Note.(high GC content, repeats, homopolymeric stretches,etc.)

※ Please confirm DNA is clean and without contamination. The DNA Sequencing Laboratory is not responsible for replacing contaminated or damaged DNA samples..

No.	Template				Primer			
	Name	Type (ds plasmid, ss, PCR product)	Size (bp)		Conc. (ng/μl)	Name	Conc. (pmol/μl) (uM)	Tm (°C)
			insert/ total	PCR fragment				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Note								

The signature / stamp of PI: _____

Is the user authorized? YES (The PI does not need to sign again next time) NO

