

REQUEST FOR SERVICES
DNA SEQUENCING FACILITY / CENTER FOR BIOSYSTEMS RESEARCH

Requested by:
Affiliation (e.g. Dept.):
E-Mail address:

P.I.:
Date (MM/DD/YY):
Phone number:

What part of the sequence is of interest?
(5' end, 3' end, all, other particular region)--specify:

Do you expect your sequence to have G-T repeats or homopolymeric stretches of A or T? -YES -NO

What is the nature of the submitted templates, e.g., ss- or ds - plasmid, phage, or PCR product?

Did you submit the requested template volume? -YES -NO

If not, did you specify the volume on the wall of each tube? -YES -NO

Did you submit a diskette at the same time as you submitted your samples? -YES -NO

SERVICES REQUESTED:

Dye -terminator sequencing + dITP sequencing -YES -NO

Special sequencing chemistry? (Ask 1st) -YES -NO

Hard-copy chromatogram(s)? -YES -NO (Include FedEx Acct. No. for land shipment of data.)

Data on diskette (sequence only)? -YES -NO Specify Format: -PC -MAC

Data on diskette (chromatogram)? -YES -NO

Data sent to computer address? -YES -NO

(Be sure to specify if you want the sequence in text format only or the chromatogram also.)

Do you wish to rush the receipt of your date (within 72 hrs) for an additional charge? -YES -NO

Do you wish to retrieve any unused template? -YES -NO

If so, have you included a covered box labeled with your name and date? -YES -NO

If your templates are being sequenced with more than one primer, do you want to be informed of the sequencing quality after the first primer? (N.B.: This will delay overall completion of the order): -YES -NO

If you are submitting 95 templates for sequencing (see section 8a of the Facility's policy statement), do you want the chromatograms on a CD (option 1—no additional charge) or sent to a computer address (option 2)? The CD can be retrieved at the Facility or sent by FedEx.

If by Fedex, then include an account number. - Option 1 - Option 2

Further Comment from User:

Requested by:
Affiliation (e.g. Dept.):
E-Mail address:

P.I.:
Date (MM/DD/YY):
Phone number:

Method of Payment/Must be completed BEFORE order will be processed! (check one):	
<input type="checkbox"/> University FRS Account	
<input type="checkbox"/> Credit Card (orders must be preauthorized with cardholder signature)	
<input type="checkbox"/> Charge my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card Number _____	Expiration Date (mo/yr) _____
Cardholder Name _____	
Cardholder Signature _____	
Customer's Billing Reference _____	

(to be completed by DNA Sequencing Facility)
Order Number _____
Date Received _____ Date Completed _____

REGULAR SERVICE:

SPECIAL SEQUENCING CHEMISTRY:

Big Dye + dGTP: Sample number _____ X unit cost of \$14.00 = _____
dRhodamine: Sample number _____ X unit cost of \$16.00 = _____

RUSH SERVICE: Sample number _____ X unit cost of \$21.00 = _____

CHROMATOGRAMS & DISKETTE:

number _____ X unit cost of \$1.00= _____

TOTAL COST = _____