

Dye Terminator Sequence Request Form

Submission Date:
DPO or Account #:

ETSU/QCOM Molecular Biology Core Facility
Rm. 2-22, VA Building 119
Tel: 423-439-8096
Email: mbcf@etsu.edu

User Name:
PI Name:
Dept. or Ins.

Email address:
Phone #:

Samples will be tracked by submission date & sample ID number.
Your initials, date and ID number must be on the top of the tube.
The facility provides the following primers:
T7, T3, SP6, M13F, M13R, λ gt10/11, pBAD forward and reverse.
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.***

For MBCF use ONLY

Run Date _____

Gel ID #: _____

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	