# Dye Terminator Sequence Request Form

**Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DPO or Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETSU/QCOM Molecular Biology Core Facility**

Rm. 3-30, VA Building 119

Tel: 423-439-8096

Email: [mbcf@etsu.edu](mailto:mbcf@etsu.edu)

**User Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dept. or Ins.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For MBCF use ONLY**

Run Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gel ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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, λgt10/11, 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.***

| **Sample ID** | **Primer Name** | **Sample Type**  (plasmid, PCR, etc) | **Concentrationof 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 |  |