

## Sanger Sequencing Submission Form

DATE:	
DAIE.	

For prompt processing of samples, complete the entire form and write legibly.

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Name:						F	PI/Lab:														
MSU NetID:						Depart	tment:														
Email:					MSI	J Accou	ınt #*:														
Do you need a	ccess to Genomics Depot?	?	YES NO			Sign	nature:														
*Off-can	npus researchers should	d con	tact gtsf@msu	ı.edu with	any	questic	ons reg	ardi	ng p	oayr	nen	t pri	or to	o su	bmi	tting	j sa	mpl	es.		
Service Type	e and Sample Inform	atio	n																		
Reaction Ty	ype (check one):	Star	ndard	1st Tier (	for hi	gh GC	conter	nt)													
Description			(this is the # of (purified			nple Type d PCR product, d, vector, etc.)			Size (bp)				Have you added your of (If "NO", which Genomics should be added: M13 for reverse, SP6, T7, T7 term						s Core primer orward, M13		
≤8 samp	les in individual tubes																				
	s in <u>labeled</u> 8-strip tubes or i-well PCR plate																				
≥ 17 samples in	<u>labeled</u> 96-well PCR plate or 8-strips																				
≥ 48 samples i Samples m (vertically) start	roughput Standard reaction n <u>labeled</u> 96-well PCR plate ust be plated by column ing with A1, researcher adds mer, <b>NO RERUNS</b>															YES					
Sample N	ames (max. 16)		Sample	e positio	n an	d nan	ning fo	or sa	amp	oles	in 9	96-	wel	l pl	ate	or	8-s	trip	—— s		
CIRCLE ONE:	Tubes or 8-Strip	Plate Name: Did you email a custom naming file? YES NO																			
1		Custom naming template available at https://rtsf.natsci.msu.edu/genomics/forms.aspx																			
2			nail naming file custom naming											loto	non	no c	nnd	الميد	nor	oitio	
3	<del></del>		J		·		•	S WI					•								
4			mples must b	•				٨	1	2	3	25	5	41	7	8 57	9	73	11	89	
5			plate by <u>COL</u> <b>Do n</b> e	ot skip v			<u>/ )</u> .	A B	2	10	18	26	34	42	50	58	66	74	82	90	
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		Indicate wells containing plate map using an highlighting			•		D	4	12	20	28	36	44	52	60	68	76	84	92		
								E	5	13	21	29 30	37 38	45 46	53 54	61	69 70	77 78	85 86	93	
			Flat-bottom	ed plates	s will	not be	Э	F G	7	15	23	31	39	47	55	63	71	79	87	95	
			a	accepted	l.			Н	8	16	24	32	40	48	56	64	72	80	88	96	
			OFFICE USE			Qty	Standa	rd pr	rice/s	samn	ole	1 <sup>st</sup>	<sup>t</sup> Tier	pric	e/sar	mple		Ar	noun	nt	
			≤8 in tubes	ONLI		~-,			.00	P				\$8.		٠.٦٠٥		7 11		•	
			9 - 16 in 8-strip	s or PCR pla	ate				.00					\$7.			+				

OFFICE USE UNLY	ζί	Standard price/sample	1 Her price/sample	Amount
≤8 in tubes		\$7.00	\$8.00	
9 - 16 in 8-strips or PCR plate		\$6.00	\$7.00	
≥ 17 in PCR plate		\$3.50	\$4.50	
HT ≥ 48 in PCR plate		\$2.75	\$3.75	
			TOTAL:	