

Sanger Sequencing Submission Form

For prompt	process	sing of samp	ies, con	npiete	tne en	tire to	orm	and	wr	ite	ıeç	JIDI	ıy.		
Name:					PI/Lab:										
MSU NetID:					rtment:										
Email:	il:				ount #*:										
Do you need access to Genomics Depot? YES NO				Signature:											
*Off-campus researc	hers should	contact gtsf@msu	u.edu with a	any quest	ions rega	rding p	ayme	nt prid	or to	subr	mitti	ng s	sam	ples	S.
Service Type and Samp	le Informa	tion													
Reaction Type (check o	ne): 🔲 🤄	Standard	1st Tier (fo	or high GO	content	:)									
Description		Number of Samples (this is the # of tubes or # of wells submitted)	(purified	ple Type PCR product vector, etc.)	R product, Size (bp)			(If	not, v	cs Co 3 forw	own primer? Core primer orward, M13 ninator, or T3)				
≤8 samples in individua	tubes														
9 - 16 samples in <u>labeled</u> 8-st 96-well PCR plate															
≥ 17 samples in <u>labeled</u> 96-we	ell PCR plate														
NEW High Throughput Stand ≥ 48 samples in labeled 96-we Samples must be plated by (vertically) starting with A1, res primer, NO RERUN	ell PCR plate / column earcher adds										Υ	'ES			
Sample Names (max	. 16)	S	ample po	sition ar	nd nami	ng for	samp	les ir	า 96	-we	ll p	late	<u>. </u>		
Circle one: Tubes or	8-Strip	Plate Name:			Die	d you e	mail a	custo	om n	amii	ng fi	ile?	YE	ES	NO
1 2 3.		Custom naming template available at https://rtsf.natsci.msu.edu/genomics/forms.aspx Email naming file to gtsf@msu.edu <u>before</u> submitting samples. If custom naming file is not provided, samples will be labeled with plate name and well position.													
	1	Samples must				1 2	3	4 5	6	7	8	9	10	11	12
		PCR plate by	/ column (ot skip we	` •	,	1 9	+	25332634	+	49 50	57 58	65 66	73 74	81 82	90
5 6		DO 110	r skip we	J.	B C	3 11	+	27 35	+	50	59	67	75	83	91
		Indicate wells			le n	4 12	2 20	28 36	44	52	60	68	76	84	92
		on the plate n or h	nap using ighlighting		ie, E	5 13	3 21	29 37	45	53	61	69	77	85	93
		Flat-bottome	ed plates v	will not be	F e c	6 14 7 15	+	30 38 31 39	+	54 55	62 63	70	78 79	86 87	94
9			ccepted.		e G Н		+	32 40	+	56	64	72	80	88	96
10												_	_		
11.		OFFICE USE	Qty	Standard	d price/sa	1 st Tier price/sample						Amount			
12.		≤8 in tubes				\$7.00		\$8.00							
13		9 - 16 in 8-strip	s or PCR plat	e		\$6.00		\$7.00							
14		≥ 17 in PCR pla	te			\$3.50		\$4.50					\perp		
15		HT ≥ 48 in PCR	plate			\$2.75		\$3.75							
16											тот	AL:			