



**CENTER FOR DNA FINGERPRINTING AND DIAGNOSTICS**  
**SOPHISTICATED EQUIPMENT FACILITY**  
**UPPAL, HYDERABAD**

**SEQUENCING REQUISITION FORM**

Name :	Date :
Group :	Phone : E-Mail:
Institute (external users): (a) Academic [ ]	(b) Industry [ ]

Details of the Samples:

Total No. of Reactions:

S.No	Sample Name	Primer	Tm of the Primer	S.No	Sample Name	Primer	Tm of the Primer

<b>DECLARATION</b>	<b>This is to certify that these samples do not contain Radioactive material</b>  <b>Signature</b> <input type="text"/>
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Requirements :

A. Template	B. Primer
Amount : 0.5 – 4 µl per reaction	Amount : 1 µl per reaction
Concentration : Plasmid (150 ng/µl), PCR Product (50ng/ µl)	Concentration : 5pmoles/ µl

C. A gel image of the samples with marker is essential (1 µl of the sample loaded on the gel) --

(For Plasmid – λHind III and for PCR product – Standard quantified marker),

D. Spectrophotometer / Nano Drop reading in ng / µl

E. Size of the insert / clone / PCR product : \_\_\_\_\_

F. Other Details: i. A-T or G-C rich product --  ii. Additives if any --

This is to submit that Content of this report is meant for our information only and we will not use the content of this report for advertisement, evidence, litigation or quote as certificate to third party.

Student signature  
Head

Signature of the Group

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