



Advance Technology Platform Centre

Regional Centre for Biotechnology, Faridabad

NCR Biotech Science Cluster, 3rd Milestone, Faridabad-Gurgaon Expressway,
P.O Box-3 Faridabad 121001 Haryana, India

Requisition form for DNA Sequencing Facility

Email: genomics_atpc@rcb.res.in; Phone: 0129-2848800

For office use only
Sr. No:

Name of Primary Investigator:Date:/...../.....

Contact detailsEmail:.....

Address

Invoice address (If different from above)

Purchase order No GST No:.....

Fee remittance details :

DNA sample Requirement for Single sequencing reaction :

Plasmid DNA: Minimum 10 ul of Purified plasmid DNA at 250 ng/μl

PCR Product: Minimum 15 ul of Purified PCR product at 40 ng/μl

Primer Conc.: 5 picomole / ul (please dilute in Nuclease free water)

Note-

- ◆ Please limit sample / primer names to a max. 4 characters.
- ◆ Enclose or attach with the mail - a gel picture for better quantitation.
- ◆ Please use Qiagen kit for Plasmid purification and provide freshly diluted primers. Facility has only T7 F , T7 R , M13 F and M13 R primer. So any other primers need to be provided by the user.
- ◆ Please Elute your sample DNA in Nuclease free water

Template Information: Plasmid PCR Product

DNA Purification Method:

Please fill up template information below and use additional page for higher sample numbers.

S.NO.	Template Name	Template Conc. (ng/ul)	Size of Product (bp)	Primer Name Forward / Reverse	Primer Conc.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**** (Please note that all applications must be forwarded by concerned PI/Faculty from the laboratory/ Institute along with proof of payment as per details provided in the form).**

Supplementary details

1. Primer Sequence
2. Primer (5 pmol/ul) volume
3. For Quantitation – Nanodrop readings and Agarose gel picture (Gel conc 1%, 1.5 %....., Sample Volume used , ladder 100 bp plus Thermo scientific) other details like sample name and order on the gel.

Undertaking

I/We undertake to abide by the safety rules, sample preparation guidelines and take all precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond it's control. I/We shall duly acknowledge the ATPC in all publications emerging out of the results from the studies at ATPC thereafter in journals or elsewhere.

Date.....

Signature of PI/Supervisor

For Office Use Only:

Received by - _____

Date - __/__/____

Lab Code : GA- _____

Stored at ___ °C

Fridge No. __

Signature of ATPC Technical Staff

Signature

(Scientist Incharge/Approving Authority)

GST No: 06AAAAR9016J1ZG

Details of Bank Account: (Payment to be made in advance through NEFT/RTGS)

Account Name: *Executive Director, Regional Centre for Biotechnology (ATPC)*

Account No.: *349301000047*

Bank Name: *ICICI BANK , Faridabad Branch, THSTI Building*

IFSC Code: *ICIC0003493*

MICR Code: *110229278*

Deposit Amount:Details of Slip:

Signature of Depositor: