



Immugenix Biosciences Pvt Ltd

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Sanger Sequence Order Form

(Note: Fill this form, print and send along with the samples or mail to service@immugenixbio.com)

Order No.		
	Delivery Details	Billing Details
Name		
Institute/Department		
University/Company		
Address		
City		
Postal Code		
Contact Number		
Email		

Additional Services required (Yes/No):			
Column purification		Gel purification	
Amplification		Primer Walking	
		gDNA/Plasmid Isolation	
		Others	

Sample Requirements

Sample	Concentration	Volume
Plasmids	100-200 ng/μl	20 μl
PCR products	30-50 ng/μl	25 μl
Primers	10 pM/μl	10 μl

Primer Informations

S. No.	Primer Name	Sequence (5' - 3')	Concentration
1			
2			
3			
4			
5			

Sample Informations: Please insert more rows if you have more samples

S. No.	PCR/Plasmid	Sample Name	Sample Type	Vector	Conc. of DNA	Product length	Primers		Additional information
							Forward	Reverse	
1	PCR	A	UnPurified				AF	AR	Use only forward primer
2	Plasmid	S1	Purified				SF	SR	Use both primers
3	PCR	Sample 1	Unpurified		Gel extract at 570bp band		FP	RP	Use only forward primer

Additional Informations (Mandatory):

Note: Please mention the Reaction and Purification as given below

Total No. of. Reaction: 4

Total No. of. Purification: 2