

External



# INDIAN INSTITUTE OF TECHNOLOGY MADRAS

DNA SEQUENCING

REAL-TIME PCR

Name		Date	:	
Department		Phone no	:	
Institute				
E mail ID				
Address				
Cost	Sequencing: Rs. 450/sample Real-time PCR: 600/hr			

### Information about your samples

	S. No	Template				Primer			
		Sample name	Sample type (Plasmid/ PCR)	Quantity (ng/ $\mu$ l)	Plasmid size [bp]	Primer Name	Type (F/R)	Conc. of Primer ( $\mu$ mol/ $\mu$ l)	Tm ( $^{\circ}$ C)
PI Name:						PI Signature:			

### Sample Requirements for sequencing:

- DNA concentration should be measured by Gel estimation and Gel photograph should be attached with clear labelling like sample name and how much  $\mu\text{l}$  loaded in each well.
- Data output: Electrophorogram and sequence in text file will be sending through email.

Template Quantity:

Template	Quantity
PCR Product:	
100-200 bp	1-3 ng/ $\mu\text{l}$
200-500 bp	3-10 ng/ $\mu\text{l}$
500-1000 bp	5-20 ng/ $\mu\text{l}$
1000-2000 bp	10-40 ng/ $\mu\text{l}$
Single Stranded	25-50 ng/ $\mu\text{l}$
Double Stranded	150-300 ng/ $\mu\text{l}$
Cosmid, BAC	0.5-1.0 $\mu\text{g}/\mu\text{l}$
Bacterial Genomic DNA	2-3 $\mu\text{g}/\mu\text{l}$

PCR Products:

- PCR product must be purified & volume should be  $10\mu\text{l}$ .

Plasmids:

- Template conc. should be 150-200 ng/ $\mu\text{l}$  and minimum volume should be  $10\mu\text{l}$ .

Primer:

- Primer conc. should be 5-10 pmol/  $\mu\text{l}$ , and minimum volume of  $10\mu\text{l}$ .
- Provide  $5\mu\text{l}$  of more primer for every additional reaction.

Special Instructions:

- Please submit samples in 1.5ml micro centrifuge tube.
- Please do not use Tris EDTA buffer for eluting/dissolving your samples.
- Please indicate if your samples have high GC content.

### Real- time PCR:

- Instrument usage charges Rs.500/hr (for prepared assay mixture in 96 well plate)

## TESTING FOR INTERNAL PROJECTS

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Title of the Project : Molecular & Imaging  
Testing

Project No: ET/15-16/BIO/003/AAAA/SMAH

Coordinator Name : Dr.S.Mahalingam

Department : Biotechnology

**User Details:**

Name:

Department :

Date :

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**Test Details:**

Rate:

Sample details:

Instructions:

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**Payment instructions:**

1. Cost Details :

2. Approval for Internal Transfer:

3. Project No:

4. PI Name:

PI Signature

Signature of In-charge of Test

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FOR IC&SR OFFICE USE