

## Requisition Form for DNA Sequencing

Email: genomics atpc@rcb.res.in; Phone: 0129-2848619

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**For Office Use Only**

GA Code MR Code: ATPC/GF/GA/20 /

## Remarks

**User Name** **Principal Investigator**

**Contact No.** **Email ID**

**Name of Institute/Industry**

**Postal Address**

**Purchase Order No.** **GST No.**

## Fee Remittance Details

## IMPORTANT INSTRUCTIONS

(Samples submission Timings: 9:30 AM-11:00 AM on all working days)

1. For a standard DNA sequencing reaction, please provide 10  $\mu$ L of plasmid template in concentration range 100-600 ng/ $\mu$ L and PCR product in concentration range 20-120 ng/ $\mu$ L for a single reaction. KINDLY DILUTE SAMPLES ACCORDINGLY.
2. The desired primer concentration and volume is **5  $\mu$ M and **10  $\mu$ L**, respectively. Genomics facility has primer stocks for T7, M13 and 16s rRNA (27F and 1492R); any other primers may please be provided as mentioned.**
3. Kindly ensure that the sample is pure and free from contaminants. (A260/280= 1.8; A260/230= 2.0-2.2)
4. The samples should strictly be eluted in non-DEPC treated nuclease free water (NFW).
5. Please provide a properly labelled full length gel image to ascertain quality of the template DNA and primer dimers (wherever applicable), otherwise the form will be rejected.
6. Kindly limit sample and primer name to a maximum of four characters.
7. Kindly provide your sample with completely filled sample submission form, duly signed by your PI/Person-in-charge.

PS: It is advised to follow SOPs for the respective extractions and purifications and the aforementioned instructions, in order to get good quality data and for better troubleshooting, if required.

Please fill the details below and use attached appendix 1 (to be duly signed) in case of more sample numbers.

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1. Sample eluted in Non-DEPC treated NFW: a) YES  b) NO  If NO, Specify \_\_\_\_\_
2. DNA Purification Method \_\_\_\_\_
3. PCR product Purification Method \_\_\_\_\_
4. **TOTAL NUMBER OF REACTIONS** \_\_\_\_\_

**PAYMENT DETAILS**  
(Payment to be done in advance through NEFT)

**Bank account information for funds transfer:**

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

**GST No.:** 06AAAAR9016J1ZG

**Total Amount Paid** \_\_\_\_\_ **Transaction Reference No.** \_\_\_\_\_

**Date of Transaction** \_\_\_\_\_ **Payment Receipt Required in Favor of** \_\_\_\_\_

**Name and Signature of the Payer** \_\_\_\_\_

**UNDERTAKING**

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the 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 its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement—

“This research work was carried out in part at the Genomics Facility of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010).”

**DATE**

**SIGNATURE OF USER**

**SIGNATURE OF PI/PERSON-IN-CHARGE**

**FOR OFFICE USE ONLY (ATPC FACILITY)**

Date Received _____	Stored at _____
Received by _____	Signature _____

Signature of Approving Authority \_\_\_\_\_

**FOR OFFICE USE ONLY (ACCOUNTS)**

Amount Received _____
Name and Signature of person-in-charge, Accounts _____



**Advanced 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

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## Appendix 1

**SIGNATURE OF USER**

**SIGNATURE OF PI/PERSON-IN-CHARGE**