



# Molecular Core Facility Work Order



Date Submitted: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Researcher: \_\_\_\_\_

Institution or PI at CofC: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please select a method to receive results:   
If selected, you must provide the CD or Zip disk.

Template Name	Template Type (ds/ss/PCR)	Size (kb pairs)	Concentration (ng/ $\mu$ L)	Primer Name (Primers should be 5-10 $\mu$ M solutions)
1. _____				_____
2. _____				_____
3. _____				_____
4. _____				_____
5. _____				_____
6. _____				_____
7. _____				_____
8. _____				_____

Method of Concentration Quantification (please check one):

- Fluorometer                       Spectrophotometer  
 Mass ladder                       Other (please specify) \_\_\_\_\_

Method of Sample Purification (please check one):

- Agarase digestion                       Column purification (please specify) \_\_\_\_\_  
 ExoSap                       Other (please specify) \_\_\_\_\_

Please submit a photo of the agarose gel showing template purity or indicate the file name that the image was saved as on the BioRad Imager (save to *CEQ* folder), located at Grice Marine Lab in room 205.

File Name: \_\_\_\_\_

Please indicate if there is anything unusual about your templates or primers (i.e. GC clamps,  $T_m$  below 55°C)

\_\_\_\_\_  
\_\_\_\_\_

Fees per Sample:

<u>Internal</u>	<u>Intermediate</u>	<u>External</u>
Reaction and Electrophoresis \$9.50	\$11	\$13
Electrophoresis only \$3	\$6	\$9
Re-run failed sequence \$7	\$7	\$7
AFLP sequencing \$4	\$8	\$10

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Grice Marine Lab – Room 210  
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\*\* Users will receive a bill each month that should be paid within 2 weeks.