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GENELABS Medical

Sanger Sequencing
Sample Submission Guidelines

➢ Test Request Form (TRF)

Provide a **hard copy or soft copy** of the TRF provided.

Mandatory details to be provided are:

- Submitter's name and contact
- Primer name
- Sequencing mechanism (**Single** or **Bidirectional**)
- Gel image showing the PCR bands *(will be useful to have)*

➢ Sample Submission Requirements

- Clearly label all **sample** and **primer** tubes. They should match with the TRF
- Seal all tubes with Parafilm if available. Transport on ice if transport time exceeds 24hrs.

Rquired volumes:

- **10 µL** of PCR product **per reaction**
- **1 µL** of the specific primer (**10 µM concentration**) to be used **per reaction**

➢ Payment

- Payment must be made **before sample submission**.
- For submissions under a **PO**, the relevant **PO number** and the **organization's approval** should be provided.

Test code	Test Name	Price (Rs)	TAT
EXA	DNA Extraction (yield upto 2 µg)	2000	3
PCRSA	Polymerase Chain Reaction and Gel electrophoresis	2000	3
GELS	Gel Electrophoresis	1000	2
SANG	Sanger Sequencing - single reaction	3500	5
EXPCR	DNA Extraction & PCR (including gel electrophoresis)	4000	5
PCRSA	PCR followed by Unidirectional Sanger Sequencing	5500	5
PCSAB	PCR followed by bidirectional Sanger Sequencing	9000	5
EXTSA	DNA Extraction, PCR and Unidirectional Sanger Sequencing	7500	7
EXSAB	DNA Extraction, PCR and bidirectional Sanger Sequencing	11000	7