
Preparation of high titer lambda phage lysates*

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The most time-consuming part of lambda phage cloning procedures is often the generation of a high-titer lysate. We have constructed a bacterial host strain that allows efficient growth of λ cloning vectors and describe a procedure for preparing high-titer lysates.

The host strain, TAP90 (pro, leuB6, thi-1, rpsL, lacY1, tonA1, supE44, supF58, hsdR⁻, hsdM⁺ recD1903::mini-tet) is restriction-deficient, has a supF allele, and carries a mini-tet insertion in recD (1). It has been shown that recD mutations allow for improved growth of Spi⁻ derivatives of bacteriophage λ (1,2,3) and minimize loss of genomic sequences from recombinant DNA libraries (3). In addition, the host is resistant to phage T1 infection, an occasional problem during large-scale λ phage isolation.

To prepare a lysate, 10⁵ to 10⁶ plaque forming units (or a pure plaque soaked 1 hr in 0.1 ml TMG (10 mM MgSO₄, 10 mM Tris-HCl, pH 7.4, 0.01% gelatin)) are adsorbed to 1 ml of TAP90 plating cells on ice for 20 min. The plating cells are prepared by resuspending an overnight culture in 1/2 volume 10 mM MgSO₄. The phage and host are then added to 30 ml of warm (37°C) LB broth containing 5 mM CaCl₂ (LB + Ca⁺⁺). The culture is shaken vigorously at 39°C and monitored after 2 hr. If the bacteria reach a high density (OD₆₅₀ >1.0) without lysing, the culture is diluted 1/2- to 1/4-fold with LB + Ca⁺⁺ and incubation continued. After lysis has occurred, 0.1 ml chloroform is added and incubation continued for 10 min. The debris is then pelleted by centrifugation at 10,000 x g for 10 min. The lysate may be stored at 4°C with 0.1 ml chloroform or used to prepare phage DNA. We typically obtain titers of >10¹⁰. Adsorption on ice and the use of Ca⁺⁺ allows a more uniform infection and synchronous growth of phage. Lambda grows optimally at 39°C and this is a crucial part of the protocol.

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References:

1. Biek, D. P. and Cohen, S. N. (1986) *J. Bacteriol.* 167, 594-603.
 2. Chaudhury, A. M. and Smith, G. R. (1984) *Proc. Natl. Acad. Sci. USA* 81, 7850-7854.
 3. Wyman, A. R., Wertman, K. F., Barker, D., Helms, C. and Petri, W. H. (1986) *Gene* 49, 263-271.
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