

Plasmid Manufacturing Services Order Form

Customer Information

Name of the Investigator: _____

Tel Number: _____

Department/ Room Number: _____

Institution _____

City, State and Zip: _____

Plasmid Information

Plasmid Requirement: _____ Transfection Grade _____ GLP Grade _____

Name of the Plasmid: _____ Copy Number: _____ High _____ Low _____

Desired Amount: _____ mgs _____ Liters

Endotoxin Removal: _____ Yes _____ No

Antibiotic Resistance: _____ Amp _____ Tet _____ Kan _____ Other _____

Vector Information: _____ Insert Size _____ Restriction Enzyme _____

Resuspension Buffer: _____ HEPES _____ TE _____ PBS _____ Water _____

Desired Concentration: _____ mgs/ ml

Billing Information

Purchase Order Number: _____

Attn: _____

Tel Number: _____

Company/ Institution: _____

Street Address: _____

City, State and Zip: _____

Quantity/ Amount: _____

PO Number: _____

Credit Card Number:

Expiration Date:

Notice: Projects contracted to Luminous BioSciences are kept confidential. At the end of the project the leftover materials are either returned to the customer or destroyed. By faxing this order form to Luminous BioSciences the buyer agrees to pay the amount within 15 days of delivery of services/ product(s) as per quote submitted by Luminous BioSciences, LLC.