

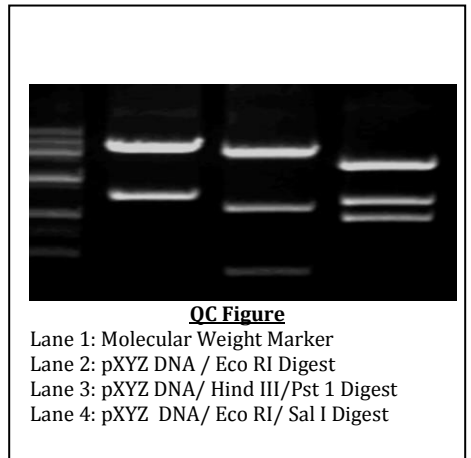
Certificate of Analysis

Custom Plasmid DNA Purification Services

Plasmid ID: pXYZ
Name of PI: Dr. ABC
Institution: EFGH, Inc.
Date Purified: May 1, 2014

Plasmid Information

Plasmid Name	pXYZ
Bacterial Host	<input checked="" type="checkbox"/> Stbl2 <input type="checkbox"/> DH10BT1 <input type="checkbox"/> DH5a <input type="checkbox"/> Other _____
Plasmid Lot Number	RW0411-1
DNA Concentration	2.0 mg/ ml
Volume of DNA	5x 10 ml
Amount of DNA	100 mg
No. of Vials	5
Storage Temperature	-20 °C



QC Information

Restriction Digest	Eco RI	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>
Appearances	Clear	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>
Plasmid ID Test (DNA Sequencing)	Not Requested	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
A₂₆₀/ A₂₈₀ (Absorbance)	0.45/ 0.22 = 1.97	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>
Endotoxin	0.025 EU/ mg	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>
Presence of T1 Phage	None Detected	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>
Presence of RNA	None Detected	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>
Presence of Genomic DNA	None Detected	Passed <input checked="" type="checkbox"/>	Failed <input type="checkbox"/>
Bioburden	Not Requested	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>

Signature of the Laboratory Personnel: _____

Signature of QC Manager: _____

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