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| **INTERNAL BATCH CODE**  **Leave blank** |  |

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| **ORDERED BY: ANTISEL S.A DATE:** | | | |
| **Order acceptance: YES NO Accepted by:** | | | |
| **CUSTOMER DETAILS** | | | |
| **INSTITUTION:** | | | |
| **NAME:** | **ADDRESS:** | **TEL.:** | **EMAIL:** |
| **INVOICE DETAILS** | | | |
| **NAME:** | | | |
| **VAT:** | **ADDRESS:** | **TEL.:** | **TAX OFFICE:** |
| **OTHER** | | | |

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| **PRIMERS PROVIDED**  Provide at least **5μL** at **5pmol/μL** per reaction, 18-22bp, GC content of 50-55%, Tm of 55-60oC.  A list of **free Universal primers** is provided upon request. | | | |
| **Name** | **Concn**  **(pmol/μL)** | **Sequence (optional)** | **Tm** |
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| **SAMPLES PROVIDED**  The recommended amounts for each reaction are: **PCR products** (5-50ng/μL, min 10μL); **Plasmid DNA** (100ng/μL, min 10μL); **BAC DNA** (500 ng/μL, min 10μL). **Please attach, a picture of the samples after purification** (include MW markers) | | | | | | | |
| **No.** | **Sample name** | **Type**  (**PCR**, **P**lasmid, **B**AC) | **Concn** (ng/μL) | **Purified**  (**P**CR, **G**el, **N**one) | **Purification requested**  (**P**CR, **G**el, **N**one) | **Size** | **Primer to be used** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |