

ORDER FORM

FOR CUSTOM PLASMID DNA PURIFICATION

TEL: 800-631-5009 • FAX: 800-747-5609 • e-mail: orders@lamdabio.com

CUSTOMER INFORMATION:						BILLIN	G INFORMATIO	N:				
Name:						Billing card ho	contact/credit lder's name:					
nstitution:						Phone:				Fax:		
Phone:	Fax:											
Address:						Address	S:					
							redit card					
E-mail:						number	:					
Date:						Type of	credit card:	Exp. date:				
PLASMID ORDER:												
¹ Name of plasmid	² Archive?	Size(kb)	Copy #	Antibiotics	3B	acteria	Cat. No.	⁴ Quantity	⁵ Restriction	n enzyme	⁶ Buffer	⁷ Rush?
Special Instructions:												
1. If this is the first time order	, or DNA has not be	een archived wit	th us, please send	in at least 1 ug of	plasm	id DNA or	your transformed b	acteria together	with this order f	orm.		

- 2. Plasmid DNA will be archived for you free of charge, if checked.
- 3. Information for the host bacteria is required if you are sending transformed bacteria with your plasmids.
- 4. For regular services, enter how many preps you need; for Quantity Guaranteed Services, enter how many milligrams (mg) of DNA you wish to get.
- 5. \$30 for each DNA analysis with single or double enzyme digestions.
- 6. Available buffers to resuspend your plasmid: TE(pH8.0), Tris (10mM, pH8.0) and H₂O. TE will be used if no buffer is chosen.
- 7. 15% extra charge for rush orders. We will ship within four business days, unless special procedures are required, not including the day your order is received.