



cDNA Cloning Order Form

Fax To: (240) 396-1041

Ordering Date \_\_\_\_\_

Email To: sales@cellogenetics.com

Shipping Information:
P.I.'s Name
Institution
Department
Building/Room#
Street Address
City, State, Zip
Phone Fax
E-mail

Billing Information:
Purchase Agent Name
Institution
Department
Building/Room#
Street Address
City, State, Zip
Phone Fax
E-mail

Payment Information
Customer Purchase Order #
Accounts Payable Contact
Address line 1
Address line 2
City, State, Zip, Phone #
Credit Card Order
O Visa O Master
Card holder Name
Street Address
Credit Card #
Exp. Date (MM/YY)

Tax Information
(First time order only)
Federal Tax ID
Tax Exemption ID

Gene name \_\_\_\_\_ NCBI accession \_\_\_\_\_ ORF length \_\_\_\_\_

cDNA supplied? YES NO Clone name \_\_\_\_\_ Mailing date \_\_\_\_\_

Order full length cDNA identification service
\_\_\_\_\_CG-00021S (ORF<2.5 kb) \$375
\_\_\_\_\_CG-00021L (ORF>2.5 kb) \$475

Destination vector
\_\_\_\_\_CG-00022 pRNCX1.0 \$495
\_\_\_\_\_CG-00023 pRPCX1.0 \$495
\_\_\_\_\_CG-00024 pLenti-CMV \$495

Epitope tag
\_\_\_\_\_ 5' or \_\_\_\_\_ 3' \$105
\_\_\_\_\_ HA, \_\_\_\_\_ Myc, \_\_\_\_\_ FLAG, or \_\_\_\_\_ Others (specify) \_\_\_\_\_

Mutation wild type a.a. sequence \_\_\_\_\_, position \_\_\_\_\_ \$150/codon
mutant a.a. sequence \_\_\_\_\_

Shipping and handling charge \$35

Total \_\_\_\_\_