

DNA Cloning Request Form

Please fill out one form for each protein production.

ALL CUSTOMER INFORMATION IS CONFIDENTIAL.

Customer Contact Information

First Name:

Last Name:

Position or Title:

Institution or Organization:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

Additional Information:

cDNA & Vector Information

Gene Name:

Source:

cDNA Information:

- Genebank Accession #: _____
- Sequence Provided with the Request Form
- Preferred Tag: _____

Vector Information:

- Genebank Accession #: _____
- Vector with sequence Provided by CUSTOMER
- Preferred Promoter: _____

Sample Information

cDNA alone

Vector provided by CUSTOMER

Plasmid with cDNA

Immune Technology accepts following samples: (1) cDNA fragment with known concentration; (2) plasmid with cDNA insertion (at least 10µl, concentration \geq 100ng/µl; (3) vector with known concentration. Please submit at least 5µg (preferably in 50µl). Please note the concentration on the vial. Please send your sample via FedEx[®] to:

**Immune Technology Corp.
954 Lexington Ave. #170
New York, NY 10021-5013**

Service Information

Note: the \$500 setup fee will NOT be charged if the protein production is successful.

<input type="checkbox"/>	IT-C100	One step cloning into expression vector	\$ 499
<input type="checkbox"/>	IT-C101	PCR based modification in cloning vector	\$ 499
<input type="checkbox"/>	IT-C102	Cloning of customer cDNA into cloning vector	\$ 799
<input type="checkbox"/>	IT-C103	Tagged modification into expression vector	\$ 799
<input type="checkbox"/>	IT-C104	Cloned cDNA into expression vector	\$ 799
<input type="checkbox"/>	IT-C105	Clone cDNA with tag into cloning vector	\$ 999
<input type="checkbox"/>	IT-C106	Cloned cDNA with tag into expression vector	\$ 1199

Additional information:

Quality tests

Tests 1-3 are provided without additional charge

- | | |
|--|---|
| <input type="checkbox"/> 01- Appearance on Agarose gel | <input type="checkbox"/> 02- Restriction Enzyme Digestion |
|--|---|

Tests 3-4 are provided with additional charges

- 03- Sequencing Data +\$50

- 04- Gene expression by Western Analysis if antibody is provided +\$50

Additional information:

I understand and accept that IMMUNE TECHNOLOGY Corp.'s total aggregate liability to CUSTOMER and all third-parties is limited to the amount of SERVICE FEE paid by CUSTOMER, for any and all injuries, damages, claims, losses, expenses, or claim expenses (including attorneys' fees) arising out of this CONTRACT from any cause or causes. Such causes include, but are not limited to, any failure of performance, errors, omissions, strict liability, breach of contract, breach of warranty, or consequential damages.

(Signature)

AND

(Date)

Please email or fax it to 866-886-8189. Thank you.