

Plasmid Manufacture Request Form

Please fill out one form for each plasmid 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:	

Plasmid Information

Construct Title:	Approximate Size: _____Kb	
Antibiotic Resistance:	Host Cell:	
Replication Origin:		
Restriction Endonuclease Analysis:	Additional Identification Methods:	
Enzymes		Fragments Sizes

Additional Information:

Sample Information	
<input type="checkbox"/> Plasmid stock with known concentration	<input type="checkbox"/> Plasmid miniprep
<input type="checkbox"/> Plasmid on filter paper	<input type="checkbox"/> <i>E.coli</i> strain in glycerol
<input type="checkbox"/> <i>E.coli</i> strain on plate	
Immune Technology accepts following samples: (1) plasmid stock with known concentration; (2) plasmid miniprep (at least 10µl, concentration ≥ 100ng/µl; (3) plasmid on filter paper; (4) <i>E.coli</i> strain in glycerol and (5) <i>E.coli</i> strain on plate. We strongly prefer plasmid stock and ask that you submit at least 5 micrograms (preferably in 50 microliters) and note the concentration on the vial.	
Product Information	
Plasmid Grade	
<input type="checkbox"/> DNA-Gold	<input type="checkbox"/> DNA-Platinum
Cat. Number and production scale	
<input type="checkbox"/> IT-D005G 5mg	<input type="checkbox"/> IT-D005P 5mg
<input type="checkbox"/> IT-D010G 10mg	<input type="checkbox"/> IT-D010P 10mg
<input type="checkbox"/> IT-D020G 20mg	<input type="checkbox"/> IT-D020P 20mg
<input type="checkbox"/> IT-D100G 100mg	<input type="checkbox"/> IT-D100P 100mg
<input type="checkbox"/> > 100 milligrams DNA-Gold grade Please specify: _____	<input type="checkbox"/> > 100 milligrams DNA-Platinum grade Please specify: _____
<input type="checkbox"/> IT-L001G 1 liter	
<input type="checkbox"/> IT-L005G 5 liters	
<input type="checkbox"/> IT-L010G 10 liters	
Additional information:	
Quality tests	
Tests 1-8 are provided without charge	
<input type="checkbox"/> 01- Appearance	<input type="checkbox"/> 02- A ₂₆₀ /A ₂₈₀
<input type="checkbox"/> 03- Percentage of Supercoiled DNA	<input type="checkbox"/> 04- Identity (Restriction analysis)
<input type="checkbox"/> 05- RNA residual	<input type="checkbox"/> 06- <i>E.coli</i> Genomic DNA
<input type="checkbox"/> 07- Host Cellular Protein	<input type="checkbox"/> 08- Endotoxin

Tests 9-13 are provided with extra charges

09-Bioburden Assay \$100

10-Gene Expression (Western blot) Please inquire for price

Please provide antibody information:

11. Humoral Immunity (ELISA) Please inquire for price

Please provide antigen information:

12. Cellular Immunity: (IFN- γ ELISPOT) Please inquire for price

Please provide peptide information:

13. Your Test

Please provide your desired tests:

Additional information:

Please fax it to 866-886-8189 or email it directly to us.

We will contact you shortly. Thank you.