**\*Required fields**

|  |  |
| --- | --- |
| **CUSTOMER DETAILS** | |
| **\*Name:** |  |
| **Reference ID:** |  |
| **Previous PCR Optimization Reference ID (if any)** |  |
| **\*Institute Name / Department** |  |
| **\*Address:** |  |
|  |  |
| **\*Contact Number:** | (Office)       (Mobile) |
| **\*Email Address:** |  |
| **Principal Investigator / Supervisor:** |  |

|  |  |
| --- | --- |
| **Type of Service Required** | |
| **Please indicate with a “X”** | **Services** |
|  | **Miniprep** |
|  | **Midiprep** |
|  | **Maxiprep** |

^Increase number of rows if necessary, or attach a separate sheet

\*Please fill in where applicable

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **^PLASMID DETAILS** | | | | | | | | |
| **S/N** | **Sample Name** | **High Copy (HC) / Low Copy (LC) plasmid** | **Concentration (ng/µl)** | **Absorbance ratio (A260/280)** | **Antibiotic resistance** | **Volume submitted**  **(µl)** | **#Restriction digestion verification with:** | **Linearized size (bp)** |
| **1.** |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |  |

# We provide “BamHI, EcoRI, HindIII, NotI, SalI, XhoI, EcoRV” at no additional charge.

|  |  |
| --- | --- |
| **ADDITIONAL SERVICES (Additional fees are applicable)** | |
| **Quantity** | **Services** |
|  | Restriction Digestion Verification of Plasmid |
|  | Stab Culture |
|  | Glycerol Stock |
|  | Bi-directional Sequencing of Cloning Sites |
| **Note:**   1. 1st BASE will perform quality checks on samples upon receipt. 2. Final plasmid construct will be delivered as 10 μg (miniprep), ≥ 50 μg (midiprep), and ≥ 100 μg (maxiprep) as lyophilized DNA. Service will also include Service Report. | |

|  |
| --- |
| ***Have I met the sample preparation requirements?*** |
| **Checklist (Please tick √):**    Submitted ≥ 100 ng\* of plasmid in either TE or 10mM Tris-HCl (pH8.0) Elution Buffer  ≥ 500 ng is required if “Restriction Digestion Verification of Plasmid” is needed.  Purified DNA meets OD260/280= 1.8 to 2.0  Attached Gel Photo -100 ng plasmid digested by restriction enzyme and its control without digestion. Please indicate DNA ladder, control (undigested plamid), digested plasmid. Without gel photo, 1st BASE will perform “Restriction Digestion Verification of Plasmid” (charge is applied).  Samples submitted in 1.5ml microcentrifuge tubes with at least 10 µl of contents. Each tube should be clearly labeled using a permanent marker, with caps sealed with parafilm. DNA should be shipped chilled. |