



Service Quotation Request Form Plasmid Preparation

SOP: IVS GF-01.6

Instructions

1. Please complete and email this form to info@invivo.de. Please mark not available or confidential information with n/a. Thank you!
2. We will contact you with a quote

Project Information

Plasmid Name:	<input type="text"/>
Starting Material:	A: <input type="checkbox"/> Gene synthesis by subcontractor and cloning by InVivo B: <input type="checkbox"/> Plasmid provided by customer
Sequence:	<input type="checkbox"/> Attached to e-mail <input type="checkbox"/> CDA/MTA signing needed first
Plasmid Size	<input type="text"/>
Resistance:	<input type="checkbox"/> Ampicillin <input type="checkbox"/> Zeocin <input type="checkbox"/> others: <input type="text"/>
Requested quantity:	Amount of plasmid DNA: <input type="text"/>
Quality grade	<input type="checkbox"/> For research use <input type="checkbox"/> Transfection grade (endotoxin-free)

Customer information/Billing address

Contact Person:	
Organization/Company:	
Address:	
Phone:	
Fax:	
Email:	
VAT number:	

Delivery address and contact person (if different):

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