

PLASMIDS FOR PROTEIN OR ANTIBODY PRODUCTION

SENDER AND PROJECT INFORMATION:

Date:		Reference:	<i>Quote ID or Catalog #</i>
Name:		Institution:	
Phone #:		Email:	

Plasmid Info: Antibody Protein Project Type: Mammalian expression E. coli expression

Other information:

Hazards: Not Hazardous Biohazard (Attach MSDS if available)

Sequence confirmation prior to transfection (recommended, no charge).

It is our practice to confirm sequence after scale up and prior to transfection. Please attach sequence and sequencing primers as a text file if you would like us to do so.

Construct Name/ ID	# vials	Concentration	Vol.	Bacterial Resistance	Additional information if applicable				
					Solvent	Endotoxin Level	Species	Isotype	Vector

Ship samples to:
LakePharma: Attn. Receiving
530 Harbor Blvd.
Belmont, CA 94002
650-288-4891