

Plasmid Ordering Form

Version 09/2015

Please enter your Shipping information and Billing information if required by your institution.

Shipping Information:

Recipient Scientist:	
e-mail:	
Organization:	
Department:	
Shipping Address:	

Billing Information:

Organization:	
Department:	
Contact Person:	
e-mail:	
VAT/Tax number [§] :	
Order number [*] :	
Billing Address:	

([§]European purchaser only; ^{*} only if required by the purchaser's institution)

DO NOT USE! For administrative use only!

Rechnungsnummer:..... SAP Bestellnummer:.....

Debitor:..... Plasmide verschickt:.....

FLuCI-Gateway plasmids

Please check boxes for plasmids you want to obtain:

Plasmids:

Nr	Name	Vector	Luciferase	Fluorophore	Selection	Order
1	pDEST-NLUC ^{GW}	pDEST	N-Term	none	Kan, Cam	
2	pDEST- ^{GW} NLUC	pDEST	N-Term	none	Kan, Cam	
3	pDEST-CLUC ^{GW}	pDEST	C-Term	none	Kan, Cam	
4	pDEST- ^{GW} CLUC	pDEST	C-Term	none	Kan, Cam	
5	pEXP(GFP)-GUS	pEXP	none	GFP	Spec	
6	pDEST(GFP)-NLUC ^{GW}	pDEST	N-Term	GFP	Kan, Cam	
7	pDEST(GFP)- ^{GW} NLUC	pDEST	N-Term	GFP	Kan, Cam	
8	pDEST(FP ₆₁₁)-CLUC ^{GW}	pDEST	C-Term	FP611	Kan, Cam	
9	pDEST(FP ₆₁₁)- ^{GW} CLUC	pDEST	C-Term	FP611	Kan, Cam	
10	pEXP-GUS	pEXP	none	none	Spec	

For each plasmid a fee of 25€ becomes payable. See Ordering Instructions for payment details.