

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:.....

YC3.6 plasmids

Please check boxes for plasmids you want to obtain:

Plasmids:

Nr	Name	Vector	Fluorophore	Bacteria	Plant	Order
1	YC3.6-Bar	pGPTV-II	YC3.6	Kan	Bar	
2	YC3.6-Kan	pGPTV-II	YC3.6	Kan	Kan	
3	YC3.6-Hyg	pGPTV-II	YC3.6	Kan	Hyg	
4	YC3.6-N	pTKan	YC3.6	Strep	Kan	
5	YC3.6-C	pTKan	YC3.6	Strep	Kan	
6	D3cpv-C	pTKan	D3cpv	Strep	Kan	
7	NES-YC3.6	pTKan	YC3.6	Strep	Kan	
8	NLS-YC3.6	pTKan	YC3.6	Strep	Kan	
9	PM-YC3.6-LTI6b	pTKan	YC3.6	Strep	Kan	
10	TP-D3cpv	pTKan	D3cpv	Strep	Kan	

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