

EZBiolab TripleStrike Custom siRNA Package Order Form

Fax: 317-663-0721

Email: service@ezbiolab.com

Date _____

Mailing address:

Name _____
Institution _____
Department _____
Address _____
City _____
State, Zip _____
Email _____
Phone _____

Billing Information:

P. O. # _____
Name _____
Institution _____
Department _____
Address _____
City _____
State, Zip _____
Phone _____

If pay by a credit card, please enter: Visa Master AE

Credit Card # _____ Expiration Date _____

Card Holder Name _____ Signature _____ Date _____

Target Gene Information

Gene name _____

Gene bank ID (accession #) _____

or **sequence of the gene:** please email the sequence to service@ezbiolab.com

or **sequences of 3 siRNAs of your own design:**

sequence 1: }

sequence 2: }

sequence 3: }

Please email the sequences to service@ezbiolab.com

Package price: \$ _____

Shipping: \$ _____

Total: \$ _____

Comment:
