

EZBiolab shRNA Vector Construction 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 _____

| shRNA | Sequence (we strongly suggest you to email us the sequence) | Vector | Reporter | Promotor | Resistance |
|-------|---|--------|----------|----------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Vector: shRNA or vshRNA (Lentiviral shRNA vector)**Promotor:** H1 or U6**Report Gene:** GFP**Resistance:** Neomycin or Hygromycin**Number of shRNAs:** _____ **Cost: \$** _____ **Shipping: \$** _____ **Total Order: \$** _____**Comment:**

EZBiolab TripleStrike shRNA Package Order Form

Fax: 317-663-0721 Email: service@ezbiolab.com

Date _____

Mailing address:

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

TripleStrike Package for

- shRNA Vector Construction
- vshRNA Vector Construction
- vshRNA Viral Particle Preparation

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: } Please email the sequences to service@ezbiolab.com
sequence 3: }

Package price: \$ _____ Shipping: \$ _____ Total: \$ _____

Comment: