

EZBiolab siRNA Synthesis Order FormFax: 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 _____

For credit card payment: Visa Master AE

Card # _____ Card Holder Name _____

Expiration date _____ Signature _____ Date _____

siRNA	name	amount (nmol)	sequence (19 bp)	price (\$)
1			5'-_____dTdT-3'	
2			5'-_____dTdT-3'	
3			5'-_____dTdT-3'	
4			5'-_____dTdT-3'	
5			5'-_____dTdT-3'	
6			5'-_____dTdT-3'	

Number of siRNAs: ____ **Cost: \$** _____ **Shipping: \$** _____ **Total Order: \$** _____
Comment:

Price information:	<u>20 nmol \$295.00</u>	Shipping: \$30.00/(1-4 siRNA) All siRNAs are PAGE purified and pre-annealed
	<u>40 nmol \$395.00</u>	
	<u>100 nmol \$765.00</u>	

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:
