**Endo-toxin Free, High Quality Plasmid Purification Service Request Form:**

**Please submit this along with a copy of your plasmid map to quotes@abmgood.com**

|  |  |
| --- | --- |
| Address: |  |
| Email: |  |

**Customer Information:**

|  |  |
| --- | --- |
| Name: |  |
| Institution: |  |
| Phone: |  | Fax: |  |

**Plasmid:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name of plasmid** | **Size(kb)** | **Copy #** | **1Antibiotics** | **2Bacteria** | **3Quantity (mg)** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |

**Special Instructions:**

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1. Antibiotic for proper plasmid selection.
2. Information for the host bacteria is required if you are sending transformed bacteria with your plasmids.
3. Please enter how many milligrams (mg) of DNA you wish to get.