

BP Request/Entry Clone Generation Form

Section I: Requestor Information

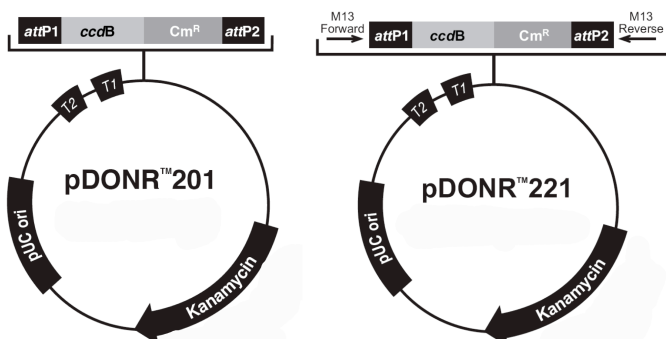
Order Information	Billing Information
Date:	Bill To:
Requestor's Name:	Address:
Department:	Address:
Requestor's Email Address:	Cost Centre [Internal Users Only]
Requestor's Phone Number:	FOR EXTERNAL CUSTOMERS: please pay by Credit Card by logging into
Principal Investigator:	https://payments.research.sickkids.ca/ and providing facility name, invoice number, client number, and invoice amount

attB PCR Product Details

#	PCR Product Name	PCR Product Concentration	Gel Purified		Entry Vector	
			Yes	No	pDONR 201	pDONR 221
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



pDONR Vectors:



Special Instructions: