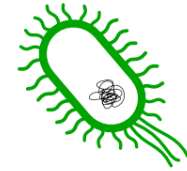




## Entry Clone/LR Request Form SIDNET Core Facility



### Section I: Requestor Information

Order Information	Billing Information
Date:	Bill To:
Requestor's Name:	Address:
Department:	Address:
Requestor's Email Address:	Dept ID/Cost Centre/PO#
Requestor's Phone Number:	Credit Card # <span style="float: right;">Exp Date:</span>
Principal Investigator:	Name on Card:
	Type of Card:    Visa    MasterCard    AmEx

### Entry Clone Information (please provide as many details as possible)

#	Gene Symbol	SIDNET ID	Acc#/GenBank ID	Collection	Plate	Well	Entry Clone Requested		LR Rxn Requested		Destination Vector
							Yes	No	Yes	No	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

#### Destination Vectors:

Mammalian Destination Vectors			Bacterial Destination Vectors	
pcDNA-DEST40	pDEST27	pcDNA3.1 nHA-DEST	pDEST14	
pcDNA-DEST47	pcDNA3.1 mOrange-DEST	pcDNA3.1 nFlag-DEST	pDEST15	
pcDNA-DEST53	pcDNA3.1 mStawberry-DEST	pcDNA3.1 cMyc-DEST	pDEST17	
pcDNA3.1 nV5-DEST	pcDNA3.1 mCherry-DEST	pT-Rex-DEST31	pEXP3	
pcDNA3.2-DEST	pcDNA6.2 C-EmGFP-DEST	Other (Please Specify)	Other (please specify)	
pDEST26	pcDNA6.2 N-EmGFP-DEST			

Special Instructions:

email completed form to Diane Ly <dianely@sickkids.ca>