**Mutagenesis Work Order**

Submitted by: PI/Lab: Date:

Phone: Email contact:

**Project Description:**

1. Type of mutation, i.e., point or number of bases:
2. Name of final product:

**Template Description:**

1. Clone Name:
2. Total Size:
3. Concentration (Please provide 10 L of ≥50 ng/L):
4. Amount provided:
5. Antibiotic resistance:

**Primer Description:**

1. Forward Primer
2. Name:
3. Length:
4. Tm:
5. Concentration (Please provide 10 L of 100 ng/L or 10 M)\*

\*If possible attach sequence information from vendor, eg. IDT, Operon, Invitrogen

1. Reverse Primer
2. Name:
3. Length:
4. Tm:
5. Concentration (Please provide 10 L of 100 ng/L or 10 M)\*

\*If possible attach sequence information from vendor, eg. IDT, Operon, Invitrogen

PO and PO line number:

Authorized Signature:

(person signing above should have Signature Authority over Grant funding)

**To be Filled Out by Molecular Cloning Facility**

Charges:

Number of Reactions:

Cost per Reaction:

Total:

Picked up by: Date: