

## 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  $\mu\text{L}$  of  $\geq 50$  ng/ $\mu\text{L}$ ):
4. Amount provided:
5. Antibiotic resistance:

### Primer Description:

1. Forward Primer
  - a. Name:
  - b. Length:
  - c. Tm:
  - d. Concentration (Please provide 10  $\mu\text{L}$  of 100 ng/ $\mu\text{L}$  or 10  $\mu\text{M}$ )\*  
\*If possible attach sequence information from vendor, eg. IDT, Operon, Invitrogen
2. Reverse Primer
  - e. Name:
  - f. Length:
  - g. Tm:
  - h. Concentration (Please provide 10  $\mu\text{L}$  of 100 ng/ $\mu\text{L}$  or 10  $\mu\text{M}$ )\*  
\*If possible attach sequence information from vendor, eg. IDT, Operon, Invitrogen

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Budget number to be charged:

Authorized Signature:

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

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

Charges:

Number of Reactions:

Cost per Reaction:

Total:

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Picked up by:

Date: