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 μL of ≥50 ng/μL):
4. Amount provided:
5. Antibiotic resistance:

Primer Description:

1. Forward Primer
   a. Name:
   b. Length:
   c. Tm:
   d. Concentration (Please provide 10 μL of 100 ng/μL or 10 μM)*
      *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 μL of 100 ng/μL or 10 μM)*
      *If possible attach sequence information from vendor, eg. IDT, Operon, Invitrogen

Budget number to be charged:

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: ________________________________