

## Mutagenic Recombinant PCR Work Order

Submitted by:

PI/Lab:

Date:

Phone:

e-mail:

### Description of plasmid template:

Name of starting plasmid:

Name of insert:

Length of insert:

Vector name:

Antibiotic resistance:

Name of final product:

### Sequence alteration desired:

*(attach desired primer sequences if known)*

*(indicate flanking restriction sites to be used if known)*

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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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### **For use by Molecular Cloning Facility:**

Work done by:

Comments:

*Typical work will include:*

- *4 Oligos*
- *3 PCRs*
- *2 gel purifications plus one PCR column or gel purification*
- *1 subcloning*

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Picked up by:

Date: