E&E BioClub

Customized Plasmid Purification Request

Organization	Billing Contact	Billing Email	Billing Phone

Payment method: ☐Credit Card or ☐PO# ____________________

Plasmid	Copy	Resistance	Desired Quantity
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg
	☐High ☐Low	☐Amp ☐Kan ☐Chl	☐0.2 mg ☐1mg ☐4mg

Note: Our plasmid preparation service provides GLP-compliant, low-endotoxin plasmid DNA that is ready for transfection and in vitro transcription (IVT) applications. Spectrophotometric DNA quality analysis is included with this service. Additional testing options, including endotoxin level quantification, sterility testing, and restriction digest with agarose gel analysis, are available upon request for an additional fee. If the requested quantity is not achieved, the service will be provided at no charge. Please fill out this form and send it with plasmid samples to the following address:

E&E BioClub
1800 N. Capitol Ave, STE E536
Indianapolis, IN 46202

Requester Name ______________________________

Signature ______________________________

Date ______________________________

For questions or to request additional services, please contact us at cs@ebioclub.com.