**SAMPLE SUBMISSION FORM**

 **CUSTOMER INFORMATION**

| Name :  |
| --- |
| **Address:**  |
| **Phone:**  |
| **Email:**  |

**1. Template**

| Insert name: |
| --- |
| **Cloning site:** |
| **Insert sequence:** |
| **Vector Name:**  |
| **Vector sequence:** |
| **Vector Size:**  | **Resistance:**  | **Copy No.: Low ( ) High ( )**  |

**2. Target Vector**

| **Target Vector Name:**  |
| --- |
| **Target Vector Size:** | **Resistance:** |
| **Copy No.: Low ( ) High ( )**  | **Commercial Vector: Low ( ) High ( )**  |
| **Cloning Site:**  |

 **3.Vector Map**

|  |
| --- |
|  |

**4.Plasmid Preparation: Y/N**

**5.Project Other Details:**

|  |
| --- |
|  |

 **AUTHORIZATION SIGNATURE DATE**

| For Office Use Only | Comment |  |
| --- | --- | --- |
| **Received By** |  | Date |
| **Forwarded to**  |  | Date |

 **MSDS & ETHICAL APPROVALS QUESTIONNAIRE**

|  Description of Sample(s): |   |
| --- | --- |
| **Material Composition/List of Ingredients?** |  |
| **Is License required to handle sample?** |  |
| **Is the sample a Biological Agent?** |  |
| **Is Sample Radioactive?** |  |
| **Physical Characteristics?** |  |
| **Hazard/Transportation Labels?** |  |
| **Does your Institution specify any specific Personal Protective Equipment (PPE) to your staff for handling sample(s)?** |  |
| **Does your company specify any specific Sample Containment?** |  |
| **Does your company specify any specific Sample Containment?** |  |
| Self Declaration Certificate for the ethical approval of the research project is mandatory . |  |

**OTHER INSTRUCTION**

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| --- |
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