



北京脑科学与类脑研究中心
Chinese Institute for Brain Research, Beijing

遗传操作中心
Genetic Manipulation Core

Service Request Form for Plasmid Construction

Service Application Principal Investigator 服务申请实验室负责人		Name: _____		Service Applicant 服务申请人		Name: _____	
		Email: _____				Email: _____	
		Phone: _____				Phone: _____	
Filled by requester				Filled by our staff			
Vector	name	map		Digestion verification			
	size						
	resistance						
Insert	source	sequence		Sequencing verification (if necessary)			
	size						
Strategy							
提供者签字及日期 Provider Signature and Date				领取人签字及日期 Receiver Signature and Date			