



**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 sgRNA Transcription**

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	
	sgRNA sequence	Volume (ul)	Concentration (ug/ul)
1			
2			
3			
4			
5			
6			
7			
8			

提供者签字及日期 Provider Signature and Date		领取人签字及日期 Receiver Signature and Date	
---	--	---	--