

**Plasmid Maxiprep
Center for Research in Reproduction
Molecular Biology Core**

Priority A & B User:

 (NICHD/RSB approved)
 Priority C User:

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 Investigator: _____ Department: _____
 Phone: _____ Messenger Mail: _____
 Date submitted: _____ Submitted by: _____

Old FAS Account Code: _____

PTAEO				
Project	Task	Award	Expend Type	Org Code

PLASMID MAXIPREP:

Plasmid name: _____

Antibiotic resistance: _____

Transformation? _____ Low copy plasmid? _____ High copy plasmid? _____

**Note-* Low and high copy rate plasmids require special treatment. In the event where this information is unknown additional preps will be charged for.

Agarose gel? _____
 Diagnostic restriction enzymes _____
 Expected fragment sizes _____

CORE USE:

<u>Plasmid</u>	<u>ug/ul</u>	<u>ratio</u>	<u>total ug</u>	<u>Photo</u>
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Date Ready: _____ Picked up by: _____

Reminder: Publications incorporating Core Services should credit NICHD/NIH cooperative agreement (U54 HD28934) as part of the Specialized Cooperative Centers Program in Reproductive Research.