Protein production request form

Name: _____

University/Institute/Company: _____

Billing address: _____

Account number [NTU requests only]: _____

Contact number: _____

Email: _____

Please fill in all the information

Cloning required? ❏ Yes   ❏ No

If Yes, please state preferred vector.

❏ pET28a (N-terminal 6x His tag)   ❏ pET15b (N-terminal 6x His tag)

❏ pGEX (N-terminal GST tag)   ❏ pNIC-GST

❏ pFastBac-N9H (N-terminal 9x His tag)

❏ pFastBac-NStrep (N-terminal Strep tag II)

❏ pFastBac-Sec (N-terminal GP46 secretory signal + 6x His tag)

❏ Other design requests

Target DNA sequence:

Target protein sequence:

[ ]

If the target sequence codon optimized? ❐ Yes ❐ No

If Yes, please state which species it was optimized to.

[ ]

Preferred purification buffer conditions? ❐ Yes ❐ No

If yes, please provide buffer components such as NaCl concentrations, pH etc.

[ ]

If No, we will use the following buffer composition:

20 mM Hepes
150 mM NaCl
1 mM DTT
5% Glycerol
pH 7.5