

1. Complete all sections of Oligonucleotide Order Form
2. Print 1 copy for your records & drop or email 1 copy to acgtorders@uoftmedstore.com



Med Store Oligonucleotide Order Form

Shipping Information:

Billing Information:

same as shipping information

Date: _____
 Name*: _____
 Institution*: _____
 Ship Address*: _____

 Phone*: _____
 Email*: _____

Quote No. _____
 Name: _____
 Institution: _____
 Bill Address: _____

 Phone: _____
 Email: _____

OFFICE USE: PAYMENT INFORMATION Credit Card Information on file

PO Number:			
C.C Type:		C.C. Name:	
C.C Number:		C.C. Exp. Date:	

Notes:

- Enter oligo sequence from 5' to 3'

Primer Name <small>(max 20 characters)</small>	QTY	Oligonucleotide Sequence <small>(5' → 3')</small>	Synthesis Scale ¹ <small>(μmole)</small>	GMP ² <small>(Y/N)</small>	Modification	Final Delivery Form ³	Purification ⁴	Office Use	
								Oligo ID	Shipped

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1: Synthesis Scale: 0.02 or 0.04 or 0.2 or 1.0 μmole

2: Manufactured under a Quality System designed to meet the requirements of ISO 13485:2003. Additional charges may apply.

3: Final Form Delivery: Liquid or Dry Powder

4: Purification: Desalted (DS) or RP-Cartridge (RPC) or PAGE or HPLC

Additional Notes: