



| | Delivery Address: | Billing Address(Mandatory): | |
|----------------------|--------------------------|------------------------------------|--|
| PO Number: | | | |
| Name: | | | |
| Department: | | | |
| University/Company.: | | | |
| Area & Landmark | | | |
| City/ Postal Code | | | |
| Contact Number | | | |
| Email: | | | |
| PI Signature | | Date | |

Primer information

| No. | Oligo name | Sequence 5'- 3' | Scale (uMol) | No. of bases | Purification |
|-----|------------|-----------------|--------------|--------------|--------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |