

VSRC Molecular Biology Plasmid Preparation Request Form

Date: _____

Primary Investigator: _____

Person Submitting Request (if different than P.I.): _____

Phone Number: _____ e-mail: _____

Plasmid Name: _____

Plasmid Number: _____

Original Plasmid was delivered in the following form:

_____ blotted on paper _____ in bacterial stock

_____ pure plasmid in solution _____ on agar plate

Plasmid size: _____ KB

Drug resistance(s): _____

Special requirements: _____

Are you requesting (check one): _____ Mini prep _____ Maxi Prep

Please provide a map for the plasmid:

For Molecular Biology Core Use Only:

Plasmid prep done by: _____

Date: _____

Concentration: _____ $\mu\text{g}/\mu\text{l}$

Total volume: _____ μl

Total DNA amount: _____ μg

Comments or problems: