GeneWorks Oligo Order Form

Fax 08-8234 2699 / INT +61-8-8234 2699

Office Use

Name_____ Tel_____

Inst_____ Fax_____

Dept_____ E-mail_____

Delivery Address_____

Invoice Address_____

Purchase Order #_____ or Credit Card #_____/_____/_____/_____

Name on card _____ Expiry Date_____/_____

✔ Please indicate what you require ☐ **PRIORITY SERVICE** ☐ **OFF PEAK SERVICE**

Oligo #_____ Length_____ Sequence Name_____

Office Use

Scale
❏ 40 nmole ❏ 1 µmole
❏ 200 nmole ❏ 10 µmole

Grade
❏ Sequencing/PCR ❏ HPLC
❏ Transfection

Modifications_____

Please write clearly using A, C, T, g ***or mixed base code (see below)***

5′ | | | 03 | | | 06 | | | 09 | | | 12 | | | 15 | | | 18
| | | 21 | | | 24 | | | 27 | | | 30 | | | 33 | | | 36
| | | 39 | | | 42 | | | 45 | | | 48 | | | 51 | | | 54
| | | 57 | | | 60 | | | 63 | | | 66 | | | 69 | | | 72 3′

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| | | 39 | | | 42 | | | 45 | | | 48 | | | 51 | | | 54
| | | 57 | | | 60 | | | 63 | | | 66 | | | 69 | | | 72 3′

R=Ag **Y**=CT **M**=AC **K**=gT **S**=gC **W**=AT **H**=ACT **B**=gCT **V**=AgC **D**=AgT **N**=AgCT

Note: *Mixed base option is not available at 3′ position.*