

OLIGONUCLEOTIDE SYNTHESIS ORDER

Tufts Core Facility, Physiology Dept., Stearns Rm. 808, 136 Harrison Ave, Boston, MA 02111 (617) 636-2422

CONTACT NAME: _____

DATE : _____

PI NAME: _____

PHONE #: _____

SYNTHESIS SCALE (circle one): 50 nmol 200 nmol

1) **Name:** _____ (Lett./numb./spaces only). Tot. nt. _____ ; OPC purification: **Yes** **No**

5' _____ 3'

6 12 18 24 30

36 42 48 54 60

2) **Name:** _____ (Lett./numb./spaces only). Tot. nt. _____ ; OPC purification: **Yes** **No**

5' _____ 3'

6 12 18 24 30

36 42 48 54 60

3) **Name:** _____ (Lett./numb./spaces only). Tot. nt. _____ ; OPC purification: **Yes** **No**

5' _____ 3'

6 12 18 24 30

36 42 48 54 60

4) **Name:** _____ (Lett./numb./spaces only). Tot. nt. _____ ; OPC purification: **Yes** **No**

5' _____ 3'

6 12 18 24 30

36 42 48 54 60

Invoice Information (complete as appropriate):

1) **TUFTS USERS: Dept ID#** _____ **Proj/Grant#** _____

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COST CENTER #: _____; **DEPT:** _____; **BOX #:** _____

3) **ALL OTHER USERS:** You may FAX your order to # (617) 636-6737. Attn. Michael Berne.

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Facility use only:

TOT. BASES _____ **at** _____ **TOT. PURIF:** _____ **at** _____ **SHIP:** _____