**Plasmid maxiprep 质粒大提**

* Please Email the completed form to VectorCore@cibr.ac.cn and cc it to the PI and zhaofei@cibr.ac.cn. 请填写表格并发送至VectorCore@cibr.ac.cn，同时抄送给实验室负责人和zhaofei@cibr.ac.cn。
* No more than 5 Maxiprep per group per month, the first 2 with regular service fee and the last 3 with additional charge. 每个实验室每月不超过5个质粒大提，前2个常规收费，后3个服务费适当提高。

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| **Principal Investigator****实验室负责人**  | : PI name / 实验室负责人 | **Service Requester****服务申请人** | : Requester / 申请人 |
| 🖂: PI Email / 实验室负责人邮箱🕾: PI Phone # / 实验室负责人电话 | 🖂: Requester Email / 申请人邮箱 🕾: Requester phone # / 申请人电话 |
|  |
| **Project Information 详细信息** | **Filled by VC staff****载体中心填写** |
| **#** | **Construct name / plasmid #****载体名称 或 质粒编号** | **Material provided****材料提供** | **Plasmid size****质粒大小** | **Resistance****抗性** | **Copy #****拷贝数** | **Vol.****(μl)** | **Conc.****(μg/ml)** |
| **1** | Plasmid name or # | Material provided | Size kb | Choose | Choose | Vol. | Conc. |
| **2** | Plasmid name or # | Material provided | Size kb | Choose | Choose | Vol. | Conc. |
| **3** | Plasmid name or # | Material provided | Size kb | Choose | Choose | Vol. | Conc. |
| **4** | Plasmid name or # | Material provided | Size kb | Choose | Choose | Vol. | Conc. |
| **5** | Plasmid name or # | Material provided | Size kb | Choose | Choose | Vol. | Conc. |
| **Comment 备注**Click to input comments 请单击输入备注    |
|  |
| **Requester 申请人****Signature 签字** | **PI signature 实验室负责人签字****(if required 如果需要)** | **Receiver 领取人****Signature 签字** |
| **Requesting date申请日期** Choose the date | **Delivering date 完成日期 Write date** |

Note 注意：**1.** The default *E.coli* strain for plasmid transformation is DH5a or Stabl3 cultured at 37oC. Please specify in comment for other strain or culture conditions. 默认质粒转化菌株为DH5a或Stabl3，培养温度为37oC。如需其他菌株或培养条件，请在备注栏注明。**2.** Default culture volume is 100ml (high copy plasmid). 默认细菌培养量为100ml (高拷贝质粒)。