

Human ORF Request Form

Name of researcher: _____

Department: _____

Telephone: _____

Email: _____

Clones Requested:

1. Symbol _____

Gene Accession _____

GenBank OST _____

Plate and Well Numbers _____

2. Symbol _____

Gene Accession _____

GenBank OST _____

Plate and Well Numbers _____

3. Symbol _____

Gene Accession _____

GenBank OST _____

Plate and Well Numbers _____

4. Symbol _____

Gene Accession _____

GenBank OST _____

Plate and Well Numbers _____

5. Symbol _____

Gene Accession _____

GenBank OST _____

Plate and Well Numbers _____

6. Symbol _____

Gene Accession _____

GenBank OST _____

Plate and Well Numbers _____