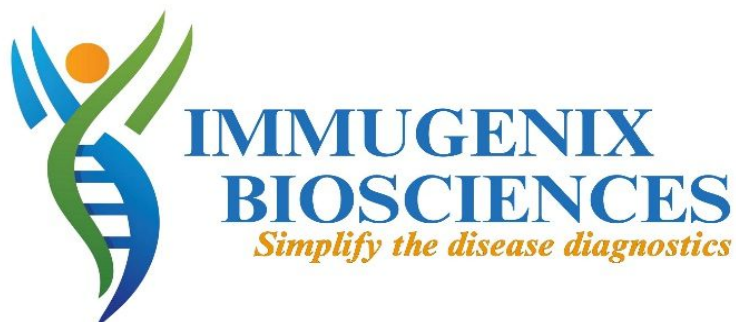




Instructions to fill the order form :

Purchase order number :

Customer Details:

Name :

Institute :

Shipping Addr

Contact Person Name :

Address :

City :

State/Province :

Zip / Pin Code :

Country :

Phone Number :

Mobile Number :

Email Address :

Comments / Note :

Total Primers

Total Bases

S. No.	Scale	Primer Name	Primer Sequence 5'→ 3' (WITHOUT SPACE any space before and after the Sequence)
Example	25nmole	IGB_F	ATGCGTCAGTCTAGACTACTGCAT
1			
2			
3			
4			

5			
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ImmuGenix Biosciences
No 16/2 Nattal Garden 1st
Perambur, Chennai - 600
Tamil Nadu, India.
oligo@immugenixbio.com
sales@immugenixbio.com
Ph.No:+91-7530092851 / +

Oligonucleotide (Primer) Order Form

Enter the sequence with no spaces in between the bases

Scale if not selected, 50 nmoles will be considered as default

Purification if not selected, Desalted will be considered as default

ess	
	Contact Person Name :
	Address :
	City :
	State/Province :
	Zip / Pin Code :
	Country :
	Phone Number :
	Mobile Number :
	Email Address :

0

0

Length	Purification	5' Modification	3' Modification	Internal Modification 1	Internal Modification Position 1
24	Desalt				
0					
0					
0					
0					

[illegible]

[illegible]

Pvt Ltd
t street
011

n
m
+91-44-4977 9578

IGB Order ID:	
Customer ID:	

Billing Address

Internal Modification 2	Internal Modification Position 2

[illegible]

[illegible]