



6645 Nancy Ridge Dr.
San Diego, CA 92121
Tel: 858-455-8411 Fax: 858-455-7987

Oligo Order Form

Ship To

Date: _____
Name: _____
Title: _____
Institution: _____
Dept./Box No. _____
Street Address: _____
City, State, Zip: _____
Phone No. _____
Fax No. _____
Email: _____

Bill To

Name: _____
Institution: _____
Dept./Box No. _____
Street Address: _____
City, State, Zip: _____
Phone No. _____
Fax No. _____
Email: _____
PO No. _____ Amount: \$ _____
CC No. _____ Exp. _____

INSTRUCTIONS: 1. Fill in today date. 2. Provide account or purchase order number. 3. Fill in billing and shipping information. 4. To avoid confusion, please enter the sequence from 5' to 3' clearly differentiating C from G by using lower case g. 6. Select synthesis scale. 7. Specify modifications if applicable. 8. Specify purification. For redundancies, use the following IUB Group Codes: R=(AG); Y=(CT); K=(GT); S=(GC); W=(AT); H=(ATC); B=(GTC); D=(GAT); N=(GATC); V=(GC)

Oligo No. _____ Oligo Name _____

5' 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 91 82 83 84 85 86 87 88 89 90 3'

Scale 0.05 ___ 0.2 ___ 1.0 ___ 15.0 ___ Other _____ Purifications: Desalt ___ RP1 ___ PAGE

Modifications: _____ Comments _____

Oligo No. _____ Oligo Name _____

5' 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 91 82 83 84 85 86 87 88 89 90 3'

Scale 0.05 ___ 0.2 ___ 1.0 ___ 15.0 ___ Other _____ Purifications: Desalt ___ RP1 ___ PAGE

Modifications: _____ Comments _____

Oligo No. _____ Oligo Name _____

5' 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 91 82 83 84 85 86 87 88 89 90 3'

Scale 0.05 ___ 0.2 ___ 1.0 ___ 15.0 ___ Other _____ Purifications: Desalt ___ RP1 ___ PAGE

Modifications: _____ Comments _____



6645 Nancy Ridge Dr.
 San Diego, CA 92121
 Tel: 858-455-8411 Fax: 858-455-7987

Oligo Order Form

(continued)

Oligo No. _____ **Oligo Name** _____

5' 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 91 82 83 84 85 86 87 88 89 90 3'

Scale 0.05 ___ 0.2 ___ 1.0 ___ 15.0 ___ Other _____ Purifications: Desalt ___ RP1 ___ PAGE

Modifications: _____ Comments _____

Oligo No. _____ **Oligo Name** _____

5' 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 91 82 83 84 85 86 87 88 89 90 3'

Scale 0.05 ___ 0.2 ___ 1.0 ___ 15.0 ___ Other _____ Purifications: Desalt ___ RP1 ___ PAGE

Modifications: _____ Comments _____

Oligo No. _____ **Oligo Name** _____

5' 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 91 82 83 84 85 86 87 88 89 90 3'

Scale 0.05 ___ 0.2 ___ 1.0 ___ 15.0 ___ Other _____ Purifications: Desalt ___ RP1 ___ PAGE

Modifications: _____ Comments _____

Oligo No. _____ **Oligo Name** _____

5' 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 91 82 83 84 85 86 87 88 89 90 3'

Scale 0.05 ___ 0.2 ___ 1.0 ___ 15.0 ___ Other _____ Purifications: Desalt ___ RP1 ___ PAGE

Modifications: _____ Comments _____