

Fax Order Form

to +49 731 70 396 11

	Delivery address	Invoice address
University/Company:	_____	_____
Institute/Department:	_____	_____
Name:	_____	_____
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Phone.:	_____	_____
Fax:	_____	_____
E-mail:	_____	_____
Customer ID:	_____	VAT: _____
Reference:	_____	

Wobble: M=A+C, R=A+G, W=A+T, S=G+C, Y=C+T, V=A+G+C, H=A+C+T, D=A+G+T, B=G+T+C, N=A+G+C+T, K=G+T

Oligo name:	_____	Scale: XS / S / M / L / XL	Purification: Cartridge / HPLC / PAGE
Modification:	5' _____	3' _____	Internal _____
Sequence:	5'- _____	3 _____	6 _____
		9 _____	12 _____
		15 _____	18 _____
		21 _____	24 _____
		27 _____	30 _____
		33 _____	36 _____
		39 _____	42 _____
			-3'
Comments:	_____		

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Modification:	5' _____	3' _____	Internal _____
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		9 _____	12 _____
		15 _____	18 _____
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			-3'
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Modification: 5' _____	3' _____	Internal _____
Sequence: 5'- _____ 3 _____ 6 _____ 9 _____ 12 _____ 15 _____ 18 _____ 21 _____		
_____ 24 _____ 27 _____ 30 _____ 33 _____ 36 _____ 39 _____ 42		-3'
Comments:		

Oligo name: _____	Scale: XS / S / M / L / XL	Purification: Cartridge / HPLC / PAGE
Modification: 5' _____	3' _____	Internal _____
Sequence: 5'- _____ 3 _____ 6 _____ 9 _____ 12 _____ 15 _____ 18 _____ 21 _____		
_____ 24 _____ 27 _____ 30 _____ 33 _____ 36 _____ 39 _____ 42		-3'
Comments:		

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Sequence: 5'- _____ 3 _____ 6 _____ 9 _____ 12 _____ 15 _____ 18 _____ 21 _____		
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