



GENOME EDITING FACILITY
 National Institute of Molecular Biology and
 Biotechnology
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FORM B
 SERVICE REQUEST FORM

Client Name:	Date when samples were sent:
Client Affiliation:	Samples sent by:
Contact Number:	<input type="checkbox"/> I have read and understood the guidelines on sample submission.
Email Address:	

 Signature Over Printed Name/Date

	Types of Service (indicate the letters eg BCDE)	Gene Name and Species (<input type="checkbox"/> mouse <input type="checkbox"/> human)	Details (e.g. TRC clone number for shRNA constructs, NCBI accession number for overexpression construct)	Cell line (for transduction only)	No. of Services to be availed
eg	ADE	<i>hCYB561</i>	TRCN0000013601	HeLa	3
1					
2					
3					
4					

TOTAL NUMBER OF GENES

Construct for Knockdown (A) Cloning of shRNA into lentiviral construct	Construct for Overexpression (B) Cloning of target gene (C) Sub-cloning from pre-existing plasmid to lentiviral construct	Lentiviral Perturbation (D) Generation of lentiviral particles (E) Transduction of cell line
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For GEF personnel only

Form received by: _____ Signature over Printed Name/Date	Service Personnel-in-charge: _____ Signature over Printed Name/Date	Date of release of results <i>On or before</i> _____
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