

Custom Competent Cell Form

Date Client Scientist	Name	Company Na	ime
Email Address		Phone Number	
Product Information			
Electro Competent Cell			
Chemical Competent Cell	Aliquot Volume Reques	ted N	umber of Aliquots
Strain name (s)		Strain derivative(s)	
Optimal Growth Temperature (s)		Doubling Time (s)	
Growth Media & Recipe (if specialization is required)			
Q			

Intact Genomics





Antibiotic Resistance Marker

Antibiotic Working Concentration

Control Plasmid:

🗆 pUC19

Other:

Have these strains been manufactured as competent cells before? If so, please include the protocol used and transformation efficiencies obtained.

Additional Notes:

