**Overnight Cloning Order Form**

**Name:**

**Email:**

**Total Order Number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vecter Size(bp)** | **Antibiotics** | **Insert Size (bp)** | **Note** |
| Order 1 |  |  |  |  |
| Order 2 |  |  |  |  |
| Order 3 |  |  |  |  |
| Order 4 |  |  |  |  |
| Order 5 |  |  |  |  |
| Order 6 |  |  |  |  |
| Order 7 |  |  |  |  |
| Order 8 |  |  |  |  |
| Order 9 |  |  |  |  |
| Order 10 |  |  |  |  |
| Order 11 |  |  |  |  |
| Order 12 |  |  |  |  |
| Order 13 |  |  |  |  |
| Order 14 |  |  |  |  |
| Order 15 |  |  |  |  |
| Order 16 |  |  |  |  |
| Order 17 |  |  |  |  |
| Order 18 |  |  |  |  |
| Order 19 |  |  |  |  |
| Order 20 |  |  |  |  |