



**Schistosome
Related
Reagent
Repository**

DO NOT WRITE IN THIS BOX

SR3 Number: _____

Date Received: _____

DNA/RNA Material Reagent Information Form

Send Completed Form to:

SR3/Biomedical Research Institute/12111 Parklawn Dr., Rockville, MD 20852, USA

Fax: 301-770-4756

Please print or type

Depositor information

Name of depositor:

Depositor's Institution:

SR3 Registration No:

Fill in all the columns which apply to your reagent:

1) Product name:

2) Product description:

3) Source of DNA/RNA (organism, developmental stage, tissue type):

4) Size of material:

5) Physical state (lyophilized powder or in TE, DDW, ethanol etc.):

6) Quantity provided:

7) Concentration ($\mu\text{g/ml}$):

8) Purification method:

9) If PCR product, then list size and sequence of 5' and 3' primers:

10) Reference(s) or Publication(s):

11) Funding agency:

12) Patent number (pending):

13) Country where patent was submitted:

14) Contact person and telephone/e-mail:

15) Additional comments (attach extra sheets if necessary):

[SRC Home](#) || [SR3 Home](#) || [NIAID Home](#)

Biomedical Research Institute (BRI)

All rights reserved. Revised: November 4, 2003

Send questions or comments about this website to [SR3 web master](#)