



**Schistosome
Related
Reagent
Repository**

<p>DO NOT WRITE IN THIS BOX SR3 Number: _____ Date Received: _____</p>
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**Recombinant DNA Cloned Gene, Primer and Probe
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) Clone name:
- 2) GenBank/PIR/SwissProt Accession No:
- 3) Investigator's clone No:
- 4) Source of insert DNA (organism):
- 5) Type of insert (genomic, cDNA):
- 6) Type of vector (plasmid, cosmid, BAC, YAC) in TE, ethanol, glycerol, lysate, plate:
- 7) Size of specific insert (kb):
- 8) Cloning site(s) and orientation:
- 9) Host(s):

10) Is this an expression construct? If yes, please specify type of promoter, inducer and host strain for expression):

11) Sequence (the actual sequence): if not available from GenBank can be sent as an attachment or mailed as a ZIP disk/CD-ROM.

12) Primary Blast X hit [the most significant gene(s)]:

13) Contig name and number if any (names and numbers of related clones):

14) Primer name and PCR product information (Please list the left and the corresponding right primer(s) designed for this clone and the expected size of the PCR product):

<u>15) Primer (5' left)</u>	<u>Primer (3' right)</u>	<u>Expected size of PCR product</u>
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1)

2)

3)

4)

5)

16) Antibody name (which react to the clone submitted):

17) Reference(s) or Publication(s):

18) Funding agency:

19) Patent number (pending):

20) Country where patent was submitted:

21) Contact person and telephone/e-mail:

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

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Biomedical Research Institute (BRI)

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