



**Schistosome
Related
Reagent
Repository**

DO NOT WRITE IN THIS BOX SR3 Number: _____ Date Received: _____
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Recombinant DNA Library 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:

Library Name:

Library constructed by:

Type of library (phage, plasmid, BAC, YAC, cosmid, cDNA, genomic):

Specific Vector:

Cloning site(s) and orientation:

Insert size range (kb):

Library titer at the time of mailing:

% non-recombinants:

Amplified or Unamplified (Please select one)

Appropriate host(s) and antibiotic selection:

Physical State (LB media, glycerol stock, lysate in SM buffer, plate):

Quantity provided:

Recommended storage:

Organism (genus species):

Isolate (subtype):

Life-cycle stage:

Investigator's Library ID:

Reference(s) or Publication(s):

Funding agency:

Patent number (pending):

Country where patent was submitted:

Contact person and telephone/e-mail:

Additional comments (attach extra sheets if necessary):

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Biomedical Research Institute (BRI)

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