

## Custom Competent Cell Form

Date

Client Scientist Name

Company Name

Email Address

Phone Number

### Product Information

- Electro Competent Cell  
 Chemical Competent Cell

Aliquot Volume Requested

Number of Aliquots

Strain Name (s)

Strain Derivative(s)

Optimal Growth Temperature (s)

Doubling Time (s)

Growth Media & Recipe (if specialization is required)



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. Client protocols will be held confidential and used only for your projects.

Additional Notes:

