

BestGene Inc, 2140 Grand Ave. Suite#205, Chino Hills, CA 91709, USA
Tel: +1-888-821-9155 Fax: +1-888-822-8445

Drosophila Embryo Injection Order Form #2

For Multiple Samples as Injection Mix v2.2.1 Please use multiple pages if more than 3 orders

No.	Label on Tube	DNA Conc. (µg/µl)	DNA Amount (µg)	Buffer (e.g. H2O)	Empty Vector Name	Empty Vector Size (kb)	Insert Size (kb)	DNA Prep. Service (Z1/Z2/Z3/Z4/No)	Targeting Chromosome (X/II/III/IV/na)	Service Type (B/C/H/I/K/M/N/RH/R/E/F)	Service Qty.	Screening Marker (w/y/v/GFP/RFP/DsRed/YFP/CFP/loss of XX/other/na)	Injection Stock
1													
2													
3													

DNA Quality: Qiagen midi/maxi column? Yes; No; if "No" please specify: _____

If DNA quality does not meet injection standard: auto-upgrade to proper DNA Prep Service; email me; call me

If the plasmid is not AmpR, please specify: _____

Please provide construct map, sequence or restriction info if DNA Prep Service Z and/or Service X/W are requested: (attach/email separately)

DNA lethal/toxic? Yes; No; Maybe; Comment _____

Did you have problem with this construct(s) before? No; Not sure; Yes"; if "Yes", please specify: _____

Additional molecular characterization service: Service X (Molecular mapping for Plan B/C/RH/RI); Service W (PCR confirmation for Plan H/I/K/M/N)

Remark: _____



http://www.thebestgene.com

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Drosophila Embryo Injection Order Form #2 (cont.)

For Multiple Samples as Injection Mix v2.1 Please use multiple pages if more than 3 orders

Shipping Information

*Submitter Name: _____
*Email Address: _____
*Institute/Company: _____
*Shipping Address: _____
Shipping Address: _____
*City: _____
State: _____
ZIP code: _____
*Country: _____
*Tel No.: _____
Fax No.: _____
*FedEx a/c No.: _____

Billing Information (same as shipping?)

PI Name: _____
Payer Name: _____
*Email Address: _____
*Institute/Company: _____
*Billing Address: _____
Billing Address: _____
*City: _____
State: _____
ZIP code: _____
*Country: _____
*Tel No.: _____
Fax No.: _____

Payment Method (please check one)

1. Credit card [2% discount] (Visa/Master/AxEx/Discover only, credit card address must match the billing address)

Name on Card: _____

Card Number: _____

Expiration Date (mm/yy): ___/___

2. Bill me [1-month payment term, credit card/check/PO payment], Fund Code/PO Number (if any): _____

3. Charge my account [10% discount] (only for accounts has account credit/positive balance)

Instructions:-

- Please fill out all information on the first and second pages and send us the form (only pages 1 and 2 are fine) and the DNA samples. This PDF form can be photocopied and reserved for future direct orders. Please use multiple forms if the total sample number is more than ten.
- Please refer to our website for updated pricing information.
- Please send at least 50 µg of DNA (prefer 1 µg/µl in water) per "Service Qty" purchased. For PhiC31 injection please send at least 20 µg of DNA (prefer >0.5 µg/µl in water) per "Service Qty". For CRISPR injections please send at least 20 µg of DNA per component or at least 30 µl of the direct injection mix. If you are sending samples for the DNA Prep Service, please send about 3-5 µg of DNA for bacteria transformation and the quality control test. Please include simple plasmid maps or restriction information for the quality control restriction test.
- Please contact info@thebestgene.com for any inquiry. The backup email is thebestgene@gmail.com (We will only check this email when our domain server is having problem).

Service:

Plan B: P-element Standard - injection plus generation of stable transformants (back-cross and ship transformants)

Plan C: P-element Premium - Plan B plus balancing (FM7i, CyO or TM3)

Plan B+C: Plan C plus an early/partial shipment of Plan B. i.e. ship Plan B first (this shipment may not contain all lines), then regular Plan C shipment when finish

Plan H: PhiC31 Standard - injection plus generation of stable transformants (back-cross and ship transformants)

Plan I: PhiC31 Premium - Plan H plus balancing (FM7i, CyO or TM3)

Plan H+I: Plan I plus an early/partial shipment of Plan H. i.e. ship Plan H first (this shipment may not contain all lines), then regular Plan I shipment when finish

Plan K: PhiC31 non-Standard service - PhiC31 one-shoot-3x-Plan H-Service for large BACs (BACs >30 kb only). You may choose 1, 2 or 3 injection stocks for the 600+ embryos. Free Service W is included

Plan M: MiMIC Injection Service Package #1 - New strain ordering/preparation + Injection + Screening + Balancing

Plan N: MiMIC Injection Service Package #2 - Plan M plus free PCR verification of strain/construct (Service W3) and PCR determination of the orientation of transformants (Service W4)

Plan RH: Genome Engineering Standard - injection plus generation of stable transformants (back-cross and ship transformants)

Plan RI: Genome Engineering Premium - Plan RH plus balancing (FM7i, CyO or TM3)

Plan RH+RI: Plan RI plus an early/partial shipment of Plan RH. i.e. ship Plan RH first (this shipment may not contain all lines), then regular Plan RI shipment when finish

Plan E: Other Injections Standard - injection plus generation of stable transformants (back-cross and ship transformants)

Plan F: Other Injections Premium - Plan E plus balancing

Plan E+F: Plan F plus an early/partial shipment of Plan E. i.e. ship Plan E first (this shipment may not contain all lines), then regular Plan F shipment when finish

Service Z: DNA Prep Service. One Qiagen midiprep is enough for 3 "Service Qty". Please put "Yes" in the last column on the form. If you know exactly which DNA Prep Service you are going to order please put "Z1: Regular Midi", "Z2: BAC Midi (<30 kb)", "Z3: BAC Maxi (30-80 kb)", or "Z4: BAC Maxi (>80 kb)"

Service X: Transposable element mapping for Plan B/C in DNA sequence level (genome insertion site), or CRISPR mutant mapping for Plan RH/RI in DNA sequence level (HDR border regions). The final charge will be added when the number of transformant is reported

Service W: Genomic PCR confirmation of insertion on landing sites for Plan H/I (see website for different charges). The final charge will be added when the number of w^+ is reported. Service W1 for Plan H/I; Service W2 for RMCE; Service W3/4 for Plan M/N

Service (cont.):

Fluorescence: Screen for fluorescent phenotypes (GFP, RFP/DsRed and YFP). This can be combined with the *w*⁺ screening or can be the solo screening of the transformation. Please refer to the website for updated pricing

vermilion⁺ Screen for vermilion eye phenotype

Shipping: You need to provide us your FedEx account. We will use your account for shipping.

Handling: Fixed \$30 per order

Service Quantity:

For Plan **B/C/D/E/F**, "1x" service quantity means >200 embryos will be injected. Please purchase more "Service Qty" if the construct is large or difficult to be transformed. For example, a pCaSpeR-based plasmid containing a 15kb insert might need "3x" quantities Plan B service.

For Plan **H/I**, "1x" service quantity means >200 embryos (from the cross of selected docking-site strains to the PhiC31-source strain, or the PhiC31-attP integrated strains) will be injected.

For Plan **K**, "1x" service quantity means >600 embryos (F1 of the cross of selected docking-site strains to the PhiC31-source strain, or the PhiC31-attP integrated strains) will be injected to one, two or three strains.

For Plan **M/N**, "1x" service quantity means >300 embryos (from the cross of MiMIC strains to the PhiC31-source strain) will be injected.

For Plan **RH/RI**, "1x" service quantity means >200-300 embryos (any Cas9 strain, or strain of your choice, or the F1 of a Cas9 cross) will be injected.

Please purchase more "Service Qty" if the construct is large or difficult to transform.

Injection Stock:

Please choose the strain for transformation. You will be charged \$100 extra handling fee if your own strain is submitted the first time. We will keep the strain for three months free of charge. If you send the same strain for injection after three months, you may be charged the \$100 handling fee again.

For Plan **B/C/D/E/F**, please put *w*¹¹¹⁸, *yw* or "the name of your own strain".

For Plan **H/I**, please refer to our website for the updated strain list and the transformation scores. Please fill in **ONLY** the Bloomington Stock Number of the strain(s). You may put "?" on the table and say, "choose the fastest available strain for me", or "choose the best transformation efficiency Basler 2L strain for me", etc.

For Plan **K**, please refer to above (Plan **H/I**) and put one, two or three strains in the form.

For Plan **M/N**, please refer to BDSC/MiMIC website and put only the BDSC number or the MI number.

For Plan **RH/RI**, please put *w*¹¹¹⁸, *yw*, **51323**, **51324**, **CAS-xxxx**, **CDF2**, **etc.**, or "the name of your own strain"

Please ship samples and the 1st and 2nd pages of this order form to:

Order Receiving
BestGene Inc.
2140 Grand Ave. Suite#205
Chino Hills, CA 91709
U.S.A.

FedEx or UPS or DHL or EMS express courier services are highly recommended!

Please parafilm and protect the tubes carefully! *

Wet/Dry ice shipment is NOT necessary!

Please note if you are sending the DNA samples by the regular post-office airmail, it's better to send to our PO box (located inside the post-office) so that the package may not suffer heat on the delivery trip and/or in the mailbox. The PO box address:

BestGene Inc
PO Box 1737
Chino Hills, CA 91709
U.S.A.

International customers please include the following documents (inside the pouch!):

- A detailed and accurate description of the material.
- A declaration, if applicable, indicating that the material is produced by microbial fermentation.
- A declaration stating the material does not contain any animal or cell culture derived products or additives such as albumin or serum.
- Mention the following at the above docs - "Harmonized Tariff Number: 2934999000; Description of goods: Plasmid DNA Sample - Non-hazardous, non-infectious for research purposes only. No commercial value."
- A \$1-commercial-invoice as the value of the plasmid DNA in the FedEx pouch (outside of the FedEx box).