Order Form for the MCF

Date:
Affiliation:
Phone number & email address:
If funded by CRDF, CRDF project number:
If funded by USDA or another federal agency, project number:
If funded by industry, organization:
Service Requested (Transformation (commercialization or research), shoot-tip grafting, budding, secondary grafting, qPCR):
If transformation, source of the transgene and whether it is licensed to other parties:
Cultivars (mature Hamlin, Valencia, Valencia-like EV1, Glenn Navel, Pineapple, OLL8, OLL4, Vernia, Swingle, Carrizo, Kuharski):
Transformation Method - Agrobacterium or biolistics:
Genetic Constructs – DNA is preferred over vectors mobilized in Agrobacterium. Please provide a map, sequence, & evidence supporting desirability of the trait:
Control – empty vector (charges will be incurred for empty vector transgenic events):
If you are a UF PI, please provide your UF EHS/IBC rDNA registration no:

Signature of Customer:

Please email this page & other supporting documents to Janice Zale: mailto:jzale@ufl.edu. Once this form is signed by both parties, it becomes a binding contract.

Signature of Janice Zale:

Please call Janice Zale (863-956-8743) with questions