

## Order Form for the MCF

Date:

Name:

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 & you are with UF, source of the transgene and whether it is licensed to other parties:

Cultivars (mature Hamlin, Valencia, Early Valencia 1 (EV1), Glenn Navel, Pineapple, OLL8, OLL4, Valquarius, 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