

Plasmid Transfer Request Document

Requester Information

Name

Email

Institution / Lab

Recipient Information

Name

Email

Institution / Lab

Address

Plasmid Details

Plasmid Name	Backbone	Antibiotic Resistance	Additional Information

Purpose of Transfer

Compliance & Certification

Permits / Approvals (if required)

PI Signature

Date

Note: Please attach relevant permits, MTA documents or approvals if required.

