CIB Genomics Core Lab
RT-PCR Request Form-On Campus

Date Received at USU_____

Date: _____
Project Name: _____
PI Name: _____
PI Signature: _____
Contact: _____
Department _____
UMC _____
OCC #:_____
E-mail:_____
Phone: _____

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4700 Old Main Hill
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Web site: http://www.biosystems.usu.edu/core_labs/genomics/

Billing Questions: Brent Paskett(435) 797-8780

Sample Information, please circle or fill in the blank
DNA originally from _____ organism
RNA originally from _____ organism
Send back extra template? Yes No

	Primer Name	Primer Concentration	Sample Name	Sample Concentration (ng/ul)	Instrument ID	# of Samples	Start Time	End Time	Using Hour	Changing
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										