

Research Technology Support Facility

Michigan State University, S-18 Plant Biology, East Lansing, MI 48824
 (517) 432-9814 ext. 125 E-mail: gtsf@msu.edu Fax: (517) 432-5404

HIGH THROUGH-PUT SUBMISSION

Sample submitted by: _____
 Faculty Project Leader: _____
 Department: _____
 Shipping Address: _____

Date: _____

Account / P.O. No: _____

Signature: _____

Telephone: _____
 Dept. FAX Number: _____
 Email address: _____

OFF-CAMPUS CUSTOMERS:

Institution/Company Name: _____

Bill To/Accounts Payable: _____

Address: _____

Credit Card (provide info. on separate sheet)

FINCH INFORMATION: Folder: _____ Project: _____

Vector: _____ Vector Size: _____ PCR Frag. Size: _____

No. of Samples: _____ Plate ID: _____

Primer: Client RTSF _____

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

IF BACTERIAL: Host Strain: _____ Species: _____ Antibiotic: _____

Internal Use Only:

Growth Blocks:	Plasmid Isolation:	Cycle Sequencing:	CleanSeq:	3730 Workstation:

Code	Abbrev.	Qty.	Rate	Amount
01-	HT Purified			
01-	HT Bacterial			
01-				
01-				
TOTAL:				

COMMENTS:

