

Biomolecular Interaction Analysis Order Form

Plant-Microbe Genomics Facility
Ohio State University
420 Biological Sciences Building; 484 W. 12th Ave.
Telephone: 614/247-6204; email: pmgf@osu.edu

Name _____

Date _____

E-mail _____

Telephone _____

Principal Investigator _____

Department _____

Address _____

Internal Billing Information. If you are unsure of charge details, then please check with the PI or an administrator before ordering.

<input type="text"/> Organization	<input type="text"/> Fund	<input type="text"/> Account	<input type="text"/> Budget Year
<input type="text"/> Project (or PO # for external orders)	<input type="text"/> Program	<input type="text"/> User defined	

-OSU customers, we encourage you to attach a 100W form. External customers, include your PO number, billing address, and if possible, the PO form.
-Please consult the following website for instructions on completing this form and the price schedule:
www.biosci.ohio-state.edu/~pmgf

Total Cost: _____

Training Sessions _____ X Cost per Session _____ = _____

Number of days _____ X Cost per Day \$125.00 = _____

Hours of consult _____ X Cost per hour _____ = _____

Quantity	Product#	Product	Cost/Unit	Total Cost
_____	BR-1006-50	Getting Started Kit Biacore T100	_____	_____
_____	BR-1000-14	Sensor chip, CM5	_____	_____
_____	BR-1000-50	Amine Coupling Kit	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional remarks, i. e. goal of experiment, results, special conditions, etc.: