

# Quantitative PCR Order Form

Plant-Microbe Genomics Facility  
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Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Principal Investigator \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_  
Telephone \_\_\_\_\_  
Department \_\_\_\_\_

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](http://www.biosci.ohio-state.edu/~pmgf)

Total Cost: \_\_\_\_\_

Setup Fee: \_\_\_\_\_

Number of runs \_\_\_\_\_ X Cost per run \_\_\_\_\_ = \_\_\_\_\_

Hours of consult \_\_\_\_\_ X Cost per hour \_\_\_\_\_ = \_\_\_\_\_

Quantity	Product#	Product	Cost/Unit	Total Cost
_____	170-8882	Bio-Rad iQ SYBR Green Supermix	_____	_____

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