Genotyping Order Form

Plant-Microbe Genomics Facility
The Ohio State University
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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.

Organization | Fund | Account | Budget Year

Project (or PO # for external orders) | Program | 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: _____

Number of Runs _____ X Cost per Run _____ = _____

Number of Capillaries _____ X Cost per standard/capillary _____ = _____

Hours of Consultation _____ X Cost per Hour _____ = _____

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