

# DNA Microarray Order Form

Plant-Microbe Genomics Facility  
 The Ohio State University  
 420 Biological Sciences Building; 484 W. 12<sup>th</sup> 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](http://www.biosci.ohio-state.edu/~pmgf)

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

**Scanning**

Number of Slides \_\_\_\_\_ X Cost per slide \_\_\_\_\_ = \_\_\_\_\_

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

**Spotting**

Number of Set ups \_\_\_\_\_ X Cost per set up \_\_\_\_\_ = \_\_\_\_\_

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

Itemized list of supplies consumed :

Quantity	Product #	Product	Cost/unit	Total Cost
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