Proteomics 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.

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: _____

Gel Size	# Gels	Stain	Cost/Unit	Total Cost

Tube Name	Protein Conc. (ug/uL)	Sample Buffer Composition:
1		
2		
3		
4		
5		Sample Information: MW and pH range, source, protein concentration assay method.
6		
7		
8		
9		
10		
11		
12		

Hours: Analysis	Spot Cutting	Consultation	Cost/Hour	Total Cost

Itemized list of additional supplies consumed:

Quantity	Product#	Product	Cost/Unit	Total Cost

Additional remarks, *i. e.* goal of experiment, results, special conditions, etc (on back):