Promoter Characterization 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: _____

Number of Runs _____ X Cost per Run _____ = _____

Number of Capillaries _____ X Cost per capillary _____ = _____

DNA Sequencing Reaction _____ X Cost per Reaction _____ = _____

Hours of Consultation _____ X Cost per Hour _____ = _____

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