

Research Technology Support Facility

Michigan State University, S-18 Plant Biology (PRL)
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Submission No.

HIGH THROUGH-PUT SUBMISSION

Sample submitted by: _____
 Faculty Project Leader: _____
 Dept. _____
 Shipping Address: _____

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Credit Card (provide info. on separate sheet)

Signature: _____

GEOSPIZA DATA: Group: _____ Project: _____ Folder: _____ User: _____

Vector: _____ PCR Frag. Size: _____ Primer: Client RTSF _____

IF BACTERIAL: Host Strain: _____ Species: _____ Antibiotic: _____

No. of Samples: _____ Plate ID: _____

| | | |
|--|--|--|
| Growth Blocks: Date: _____ Time: _____ | | |
| Plasmid Isolation: Date: _____ Machine: _____ | | |
| Cycle Sequencing: Date: _____ Time: _____ Primer: _____ | | |
| ETOH PPT: Date: _____ Time: _____ | | |
| 3730 Workstation: Date: _____ Run: _____ | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| A | | | | | | | | | | | | |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |

| Code | Abbrev. | Qty. | Rate | Amount |
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| 01- | | | | |

Total

COMMENTS:

White: Business Office Canary: Lab Pink: Misc. Gold: Client