

KIGene

Genetic analysis at CMM.

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Phone nr.: 08-517 72663 or 72642

Name: _____
Department: _____
Address: _____
Groupleader¹: _____
Reference of approver: _____
Phone nr/ e-mail: _____

Order form for nanodrop reactions

Mark the type of sample that you want to quantify:

DNA

RNA

Protein. Wavelength: _____

Do you want measurement done in duplicates? yes no

Sample²

1: _____
2: _____
3: _____
4: _____
5: _____
6: _____
7: _____
8: _____
9: _____
10: _____
11: _____
12: _____
13: _____
14: _____
15: _____

16: _____
17: _____
18: _____
19: _____
20: _____
21: _____
22: _____
23: _____
24: _____
25: _____
26: _____
27: _____
28: _____
29: _____
30: _____

Note: ¹ this is the person that pays the bill.

Note: ² Please, use only letters, numbers, and dots in the sample name (total 8 characters).