

W.M. KECK CENTER FOR COMPARATIVE AND FUNCTIONAL GENOMICS

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Qubit Service Order Form

Page 1 of _____

Date: _____

Telephone: _____

Your Name: _____

Principal Investigator: _____

Your E-mail: _____

P.I.'s Signature: _____

Department: _____

P.I.'s E-mail: _____

FOAPAL # __ - _____ - _____ - _____

(Core Lab Use Only)

Kit Type: _____ *Analysis By:* _____ *Completion Date:* _____

Sample Type: DNA RNA protein Results

ID: _____ Date Isolated: _____ Volume in ul: _____ ng/ul: _____

ID: _____ Date Isolated: _____ Volume in ul: _____ ng/ul: _____

ID: _____ Date Isolated: _____ Volume in ul: _____ ng/ul: _____

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