# CIB Genomics Core Lab
# RT-PCR Request Form-On Campus

Date Received at USU_____

**Date:**_____
**Project Name:** _____
**PI Name:** _____
**PI Signature:** _____
**Contact:**_____
**Department**_____
**UMC**_____
**OCC #:**_____
**E-mail:**_____
**Phone:** _____

**Ninglin Yin, Genomics Group Leader**
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Logan, UT 84322-4700
(435)797-8218 or (435)760-3688
Fax: (435)797-2766
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Web site: http://www.biosystems.usu.edu/core_labs/genomics/

**Billing Questions: Sue McCormick (435) 797-7510**

**Sample Information, please circle or fill in the blank**
DNA originally from_____organism
RNA originally from_____organism
Send back extra template? Yes No

| | Primer Name | Primer Concentration | Sample Name | Sample Concentration (ng/ul) | Instrument ID | # of Samples | Start Time | End Time | Using Hour | Changing |
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