

Submit this form to Dr. Jayaprakasha, 845-3864

REQUEST FORM

Microplate Reader KC4
Date:
User Name:
Phone #:
Email:
Supervisor Name
Signature of the Supervisor
Phone:
Fax:
E-mail:
Desired Starting date: Proposed Ending date*:
*Actual end date depends upon resource availability
Experiment Details or Design: Must be attached
No of samples to be analyzed:
Instrument must be used during normal working hours (M-F, 8 a.m to 5 p.m.) Operation Instructions must be reviewed and used accordingly.
Approved:
Date:
Director, VFIC