



A · A · C
Genomics
Facility

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Digital Droplet PCR Registration Form

Client Name	Lab Position
Email	Phone
Department	Supervisor

Supervisor Signature (required): _____

Billing Information *GL Coding (26 digits)*

Fund (3)	Unit (6)	Grant (6)	Project (6)	Object (5)
				64251

#	Sample Name	Tissue/cell source*	Isolation method	Nanodrop concentration	Volume (uL)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Facility Record

Notes or special instructions:
