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Real Time PCR Request 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

RNA Description:

No.	Sample Name	Tissue/cell Source*	Conc.	Vol. (µl)	No.	Sample Name	Tissue/cell Source*	Conc.	Vol. (µl)
1					**7**				
2					**8**				
3					**9**				
4					**10**				
5					**11**				
6					**12**				

- **RNA samples must be free of genomics DNA contamination.**
- **Please identify which sample should be used as the Calibrator:_____**
- **Perform No Amplification controls? Yes ( ) or No ( )**
  (Determines presence of DNA contamination of RNA sample)

Information of Target and Endogenous control Primer:

Gene Name	Primer Sequence	Tm	Concentration	Endogenous gene ?

Gene Name	Primer Sequence	Tm	Concentration	Endogenous gene ?

Special Requirements: _____

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