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Genomics
Facility

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Real Time 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

StepOnePlus plate reading record

Date	Number of plate	User's Signature	Date	Number of plate	User's Signature

Note:
