

# MICHIGAN STATE UNIVERSITY

Cell ID submission form

**Customer Information:**

User Name: \_\_\_\_\_ PI Name: \_\_\_\_\_  
Institution: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account#/PO: \_\_\_\_\_

\*\*\*\*If Billing Address different, please attach additional information

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Sample Type: \_\_\_\_\_  
Number of Samples: \_\_\_\_\_  
Cell Line: \_\_\_\_\_  
Concentration (ng/ul): \_\_\_\_\_  
Method of Isolation: \_\_\_\_\_  
Injection Time: \_\_\_\_\_  
(Blank is default)



**GENOMICS CORE**

**User Prepared samples (ready to run on instrument)**

**RESEARCH  
TECHNOLOGY  
SUPPORT FACILITY**

Method/Kit used: \_\_\_\_\_  
Concentration of sample: \_\_\_\_\_

DIRECTOR:  
KEVIN CHILDS  
517-884-6926  
KCHILDS@MSU.EDU

Other Information: \_\_\_\_\_

OPERATIONS MANAGER:  
EMILY CRISOVAN  
517-884-7301  
PANKEYEM@MSU.EDU

Comments: \_\_\_\_\_

MICHIGAN STATE  
UNIVERSITY  
PLANT BIOLOGY  
LABORATORIES  
612 WILSON RD.,  
ROOM S-18  
EAST LANSING, MI  
48824-1312  
FAX: 517-355-6758

**Internal Use Only:**

CODE:	Abbrev.	QTY.	Rate:	Amount
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[RTSF@MSU.EDU](mailto:RTSF@MSU.EDU)  
[HTTP://RTSF.NATSCI.MSU.E](http://RTSF.NATSCI.MSU.E)

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TOTAL: \_\_\_\_\_