The Center for Genomic Technologies.

Submission form for RT-PCR

Date: _____

Sender :_____ Head of the group (PI):_____

E-mail address: _____ Phone: _____

Primers sent:

	Rxn name	ID on tube	Name	uM	volume	Remarks

Samples sent:

	ID on tube	Name	concentration	Volume

Plate design:

Samples:

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

Rxns:

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												