

# Center for Molecular Studies in Digestive and Liver Disease

University of Pennsylvania School of Medicine

Molecular Biology Core Reagent Bank

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## REQUEST FOR CORE REAGENTS and SERVICES

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Mail Code: \_\_\_\_\_

User Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Request Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Grant to be charged: # \_\_\_\_\_

26 Digit Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Reagents Desired:

Name	Type (e.g. plasmid, RNA, sections, Taq)	Vector, construct	Amount

Special Instructions or Comments \_\_\_\_\_

STAFF USE ONLY:

DATE COMPLETED: \_\_\_\_\_ LAB CONTACTED: \_\_\_\_\_ INVOICE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

