MICROARRAY FACILITY

Mount Sinai School of Medicine

Annenberg Building, Room19-80 Tel: (212) 241-8194

Form # C03 Fax: (212) 241-1627

CDNA CLONE INOCULATE FORM

Service: **Pick-up & inoculate clones from library** **Date:** _____

Investigator information

Pricipal Investigator:_____ext:_____

Department:_____

Date Submitted:_____

Contact Person:_____ext:_____

E-mail Address:_____

Bulding/Rm Address:_____

Grant#:_____

Array Clone ID	Picked/ By	Comment/Date

Total number of clones: _____

*Please use different form for clones from each library