

MICROARRAY FACILITY

Mount Sinai School of Medicine

Annenberg Building, Room 19-80
Form # C05

Tel: (212) 241-8194
Fax: (212) 241-1627

SPOTTED ARRAY REAGENT PURCHASE FORM

Service: Prepared Reagent

Date: _____

Investigator information

Principal Investigator: _____ ext: _____

Department: _____

Contact Person: _____ ext: _____

E-mail Address: _____

Building/Rm Address: _____

Grant#: _____

Information

Item

Quantity

Indirect Labeling Kit (Cy-3) _____

Indirect Labeling Kit (Cy-5) _____

Comments: