

Microbial Genomics and Analytical Laboratory Core (MGAL)

University of Hawai'i at Mānoa
1800 East-West Road, Life Sciences Building 203
Honolulu, HI 96822

USER INFORMATION

Date: _____ User Address: _____

Name: _____

PI Name: _____

Department/Organization: _____

E-mail: _____

Phone Number: _____

Status:

- Undergraduate student Postdoctoral researcher Faculty
 Graduate student Technical staff Other: _____

BILLING

Payer (if not above user): _____ Billing Address: _____

Phone Number: _____

E-mail: _____

Project No. to charge: _____

PROJECT

Brief description of research project (~10-25 words)

Source of Funding:

- Federal Private or personal State UH Other: _____

SERVICES

For UH users located outside of the Life Sciences Building, you are responsible for submitting a BSP2 form if you are transporting biological material.

- | | | |
|---|--|--|
| <input type="checkbox"/> DNA Extractions (HT) | <input type="checkbox"/> PCR – 16S | <input type="checkbox"/> Bioanalyzer (DNA HS) |
| <input type="checkbox"/> DNA Extractions (Spin) | <input type="checkbox"/> PCR – ITS | <input type="checkbox"/> Agarose gel |
| <input type="checkbox"/> Sample Formatting | <input type="checkbox"/> PCR – 18S | <input type="checkbox"/> NanoDrop |
| <input type="checkbox"/> qPCR (TaqMan) | <input type="checkbox"/> PCR – Custom | <input type="checkbox"/> Qubit Quantification (DNA HS) |
| <input type="checkbox"/> qPCR (SYBR) | <input type="checkbox"/> PCR/Library Clean-up | <input type="checkbox"/> Qubit Quantification (DNA BR) |
| <input type="checkbox"/> qPCR Library Quant. | <input type="checkbox"/> Normalization & pooling | <input type="checkbox"/> Other: _____ |

of Samples: _____ Notes:

By signing below, I authorize payment for all services and consumables and reagents used by MGAL to complete my service request.

Payer Signature

Print Name

Date

Contact
Kirsten Nakayama or Nicole Yoneishi
Ph: (808) 956-2713
E-mail: mgal@hawaii.edu