

## **Order Form**

## **MOLECULAR BIOLOGY CORE**

Dept of Surgery/Cardiac division

MBClab@osumc.edu

Please submit a hard or electronic copy of this form along with your wt construct or vector sample.

	Client Information	Billing Information
Name*:		
Title (Position):		
Institution/Company:		
Address:		
E-mail*		
Telephone:		
Shipping Address (if different)		

For ordering through an eRAMP - The OSU intramural clients or eRMAP users

## **eRAMP** Order number

- For ordering by a PO, credit cards or wire transfer Extramural clients or eRAMP non-users
- Please contact us to get a quote prior to placing an order.

Quote	Payment Information			
	Purchase Order (PO)	Credit Card (Visa, Master only)	Wire Transfer	
Quote No.:	PO No.:	Please call us (Office:	Please fill out the billing	
		614-293-9745) with your	information to pay by	
Quote Amount:	PO Amount:	credit card information.	wire transfer.	
\$	\$			
Ψ	Ψ			