

**CVRI Nanodrop Form**

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Date: \_\_\_\_\_

	Nucleic acid Type			Storage Buffer	return sample: YES/ NO
	single stranded DNA	double stranded DNA	RNA		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

<b>For FGC Staff Only</b>	
Time Scheduled:	_____
Time Delivered:	_____
Time Completed:	_____
Results File Name:	_____
Results Sent:	_____
Initials:	_____