

BioSprint 96 Usage Form

Date: _____

Name: _____

PI Name: _____

On-Campus Users

Worktag: _____

Department Detail (DD): _____ Assignee: _____

Off-Campus Users

ISU Customer Number: _____

Billing Contact: _____ Billing Email: _____

Number of runs performed: _____

Tissue Type: _____

Any problems encountered with BioSprint 96 during run?

GTF Notes: _____ Date Billed: _____

