

Plate Reader Usage Form

Date: _____

Name: _____

PI Name: _____

Account #: _____

Billing Contact: _____

Billing Address: _____

Quantification Assay (check one)

- Absorbance (uPlate)
- Absorbance (BioSprint Plate)
- Fluorescence (Black Assay Plate)

Samples quantified (per 96 samples): _____

Any problems encountered during run?

GTF Notes:

Date Billed: _____

