

**Plate Reader Usage Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

PI Name: \_\_\_\_\_

**On-Campus Users**

Worktag: \_\_\_\_\_

Department Detail (DD): \_\_\_\_\_ Assignee: \_\_\_\_\_

**Off-Campus Users**

ISU Customer Number: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Quantification Assay: Fluorescence (Black Assay Plate)

Samples quantified (per 96 samples): \_\_\_\_\_

Did you use GTF consumables (such as tips and sealing tape pads)?  Yes  No

Any problems encountered during run?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GTF Notes: \_\_\_\_\_ Date Billed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_