



Vegetable and Fruit Improvement Center
1500 Research Parkway, Suite A120
Texas A&M University
College Station, Texas 77843-2119

REQUEST FORM

Microplate Reader KC4

Date: _____

User Name: _____

Phone #: _____

Email: _____

Supervisor Name _____

Signature of the Supervisor _____

Phone: _____

Fax: _____

E-mail: _____

Desired Starting date: _____ **Proposed Ending date*:** _____

*Actual end date depends upon resource availability

Experiment Details or Design: Must be attached

No of samples to be analyzed:

Instrument must be used during normal working hours (M-F, 8 a.m to 5 p.m.)
Operation Instructions must be reviewed and used accordingly.

Approved:

Director, VFIC

Date: _____

Submit this form to Dr. Jayaprakasha, 845-3864