

# MCB Media Recharge Facility Order Form

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Lab Name

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Requester Name

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Date Ordered

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E-mail

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Phone

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Receive Date Desired

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Delivery Location

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Media Name

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Total Volume Requested

---

Plate Type/Size

---

Volume per Plate

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Stripe Code

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Antibiotic

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Final Antibiotic Concentration

Protocol

All orders must be submitted via this order form.

Forms may be submitted by e-mailing [snu2006@gmail.com](mailto:snu2006@gmail.com) or dropped off at the facility. (LL41C Koshland)

All fields must be filled, if not applicable type "N/A"

To ensure orders arrive on desired receive date please allow **5 business days**.

**Orders will be filled in the order they are received.**

All solutions brought to the facility, including antibiotics or other additives, **MUST** be labeled with Lab Name, Date, Concentration, and Volume.