

MCB Media Recharge Facility Order Form

LAB NAME:

Name:

Date Ordered:

Email:

Phone:

Date Desired:

Delivery Location:

MEDIA NAME:

Total Volume Requested:

Plate Type/Size:

Volume per Plate:

Stripe Code:

Antibiotic:

Final Antibiotic Concentration:

Protocol:

All orders must be submitted on an order form.

Forms may be submitted by email to sesosa@berkeley.edu and afischer@berkeley.edu, or dropped off at the facility (LL41 Koshland).

All fields must be completed. If a field does not apply, please enter "N/A."

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