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| **OSUWexMedCtr 3.png** | Order Form | **MOLECULAR BIOLOGY CORE**Dept of Surgery/Cardiac divisionMBClab@osumc.edu |

🖙 Please submit a hard or electronic copy of this form along with your *wt* construct or vector sample.

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|  | Client Information | Billing Information |
| Name\*:  |  |  |
| Title (Position): |  |  |
| Institution/Company: |  |  |
| Address: |  |  |
| E-mail\*  |  |  |
| Telephone: |  |  |
| Shipping Address(if different) |  |  |

🖙 For ordering through an eRAMP - The OSU intramural clients or eRMAP users

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| eRAMP Order number |  |

🖙 For ordering by a PO, credit cards or wire transfer – Extramural clients or eRAMP non-users

🖙 Please contact us to get a quote prior to placing an order.

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| **Quote** | **Payment Information** |
| **Purchase Order (PO)** | **Credit Card****(Visa, Master only)** | **Wire Transfer** |
| Quote No.:Quote Amount:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | PO No.: PO Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please call us (Office: 614-293-9745) with your credit card information. | Please fill out the billing information to pay by wire transfer. |