OHIO DISTRICT MICROBIOLOGY LABORATORY
EXPENDABLE SUPPLIES REQUEST FORM

NAME: _____ PROJECT NUMBER: _____

MEDIA NEEDED	AMOUNT (plates or bottles)	DATE NEEDED
1.		
2.		
3.		
4.		

BUFFER NEEDED	AMOUNT (mason jars or dilution bottles)	DATE NEEDED
1.		
2.		
3.		
4.		

OTHER SUPPLIES (pipets, filters, reagents etc.)	AMOUNT (include units)	DATE NEEDED
1.		
2.		
3.		
4.		
5.		

RETURN TO Rebecca Bushon

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