



REAGENT REQUEST FORM

TEAGENT TEGGEST TOTAL	
LIST OF REQUESTED REAGENTS:	
(Please provide list of reagents with cor	rect names as indicated on our
website or in our publications, with refer	ence when appropriate)
SHIPPING ADDRESS:	
E-MAIL ADDRESS:	
SHIPPING COSTS TO BE BILLED TO: (Please indicate number of Federal Exp	ress account to charge)
TWO COPIES OF THE SIGNED M.T.A.	. ARE ENCLOSED
REQUESTING SCIENTIST	
Printed Name	Title
Date	Signature



EPFL SV GHI LVG Prof. Didier Trono Station 19 CH - 1015 Lausanne Phone: +4121 693 17 61
E-mail: didier.trono@epfl.ch
Administration: severine.reynard@epfl.ch
Website: https://www.epfl.ch/labs/tronolab/

