

# ACRF Biomolecular Resource Facility

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### Chromatography Order Form

Name:	Date:
Division/Department:	School/Institution:
Phone:	Email:
ANU Account Code:	Authorisation (PI or Lab Head) Name and Signature:
<b>Office Use Only:</b>	
Tracking No.:	
BRF Account Code: R42570 07	
Total \$	

Service Required:     Akta Explorer         SMART         Shimadzu HPLC

Column supplied by BRF?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify):
Buffers supplied by BRF?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify):
Consumables supplied by BRF?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify):
Specialised buffers/reagents supplied by BRF?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify):