

# BTRF reagent request form for Pathology Department members

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**Requestor:** \_\_\_\_\_ check one:  faculty  trainee  
**Contact info:** (ph) \_\_\_\_\_ (PIC) \_\_\_\_\_ (email) \_\_\_\_\_

Please complete this form for ordering of reagents for research projects not being conducted in the BTRF lab. Please e-mail/messenger mail to Craig Rumpel (Box 800904)

**Reagent Name/Description:** \_\_\_\_\_  
**Vendor:** \_\_\_\_\_  
**Catalog Number:** \_\_\_\_\_  
**Quantity Needed:** \_\_\_\_\_  
**Price (if known):** \_\_\_\_\_  
**Do you have a price quotation?:**  yes  no [if yes, please attach a copy]

**Reagent Name/Description:** \_\_\_\_\_  
**Vendor:** \_\_\_\_\_  
**Catalog Number:** \_\_\_\_\_  
**Quantity Needed:** \_\_\_\_\_  
**Price (if known):** \_\_\_\_\_  
**Do you have a price quotation?:**  yes  no [if yes, please attach a copy]

**Reagent Name/Description:** \_\_\_\_\_  
**Vendor:** \_\_\_\_\_  
**Catalog Number:** \_\_\_\_\_  
**Quantity Needed:** \_\_\_\_\_  
**Price (if known):** \_\_\_\_\_  
**Do you have a price quotation?:**  yes  no [if yes, please attach a copy]

**Reagent Name/Description:** \_\_\_\_\_  
**Vendor:** \_\_\_\_\_  
**Catalog Number:** \_\_\_\_\_  
**Quantity Needed:** \_\_\_\_\_  
**Price (if known):** \_\_\_\_\_  
**Do you have a price quotation?:**  yes  no [if yes, please attach a copy]

**Reagent Name/Description:** \_\_\_\_\_  
**Vendor:** \_\_\_\_\_  
**Catalog Number:** \_\_\_\_\_  
**Quantity Needed:** \_\_\_\_\_  
**Price (if known):** \_\_\_\_\_  
**Do you have a price quotation?:**  yes  no [if yes, please attach a copy]

**Special Instructions:**

**For BTRF staff use:**  
Service units & initials:

Date obtained:

Date completed: