

Requisition number:

REQUISITION IN VITRO

METABOLISM DEPARTMENT-IHA, Faculty of Biosciences, NMBU

Client / Project:	
Contact person:	E-mail/phone:
Invoice is sent to:	Reference:
Sample material:	Number of samples:
Sample labelling:	

Pre-processing	(Cross out)
Drying	<input type="checkbox"/> Freeze drying <input type="checkbox"/> Hot-air 45°C <input type="checkbox"/> Hot-air 59°C
Grinding, cutting mill:	<input type="checkbox"/> 1.0 mm <input type="checkbox"/> 1.5 mm <input type="checkbox"/> 2.0 mm
Specific requests:	

In Vitro	(Cross out)
Type of system	<input type="checkbox"/> Gas production <input type="checkbox"/> Daisy II Incubator
Elaborate (e.g. replicates, incubation time, repeats):	
<i>The standard is 3 replicates 48 hours for Gas Production and 2 replicates 48 hours for Daisy II Incubator</i>	

Homogenisation	(Cross out)
Merging of residues:	<input type="checkbox"/> Individual <input type="checkbox"/> Merged
In vitro residues:	<input type="checkbox"/> Coffee mill <input type="checkbox"/> Ball mill (fine grind)
Utgangsmateriale:	<input type="checkbox"/> Coffee mill <input type="checkbox"/> Ball mill (fine grind)
Specific requests:	

Will some of the work be carried out by your own labour (e.g. master's student or research fellow)? YES NO

Elaborate/Other information:

Date _____

Requester's signature (only necessary when submitting on paper)

The requisition can be sent by e-mail elfure@nmbu.no

For internal use			
Handling	Dato (evt kl.slett)	Type handling/merknad	Sign
Mottatt og registrert		Oppbev:	
Behandlet			
Behandlet			
Behandlet			
Utlevert			
Fakturert		Vår ref:	