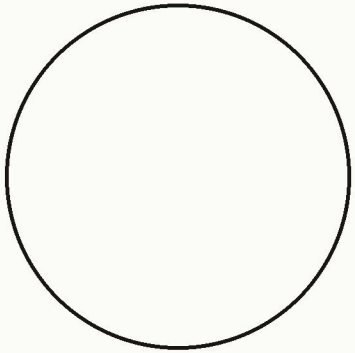
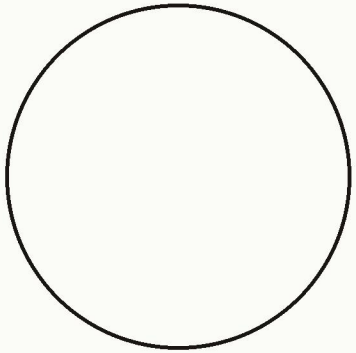
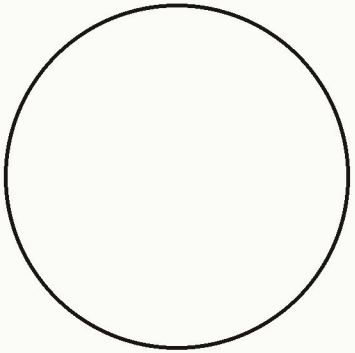
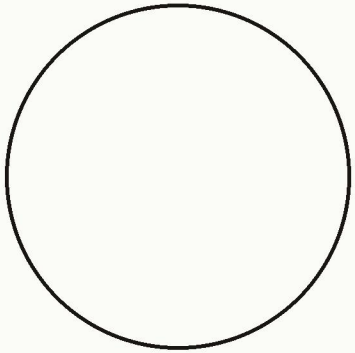
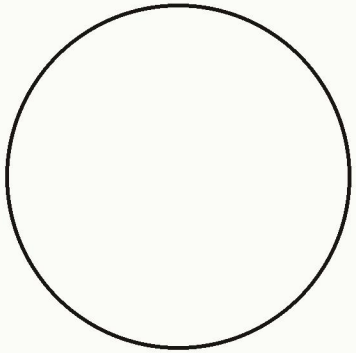
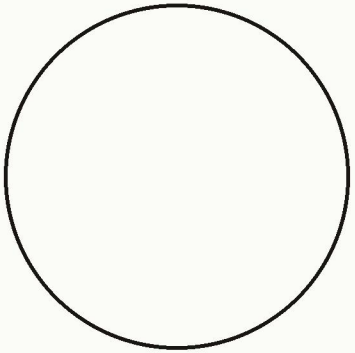
6-Well Plate Map

Plate ID: _____ Date: _____ Operator: _____ Assay: _____

	1	2	3
A			
B			

Notes:

_____

_____