



**Integral Centre of Excellence for Interdisciplinary Research (ICEIR)
Central Instrumentation Facility (CIF)
Integral Laboratory for Biological Analysis & Research (IL-BAR)**

REQUISITION FORM

Instrument Facility: Flow Cytometer

Date:

Name of Candidate:

Department/Branch:

Type of Sample (s):

Samples: a) Number (To be brought at the time of analysis):

b) Labelling.....

d) Nature: i) Toxic/Hazardous/Radioactive.....

(If YES, attach committee approval)

ii) Light/Temp Sensitive.....

Undertaking: I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing my sample(s). I/We shall not claim for any damage/harm of my sample(s) submitted for analysis. I/We shall give due acknowledgement in publications by mentioning “*The authors are thankful to the Integral Referral Laboratory for Chemical/Biological Analysis & Research, CIF, Integral Centre of Excellence for Interdisciplinary Research (ICEIR) for providing necessary facilities and technical support*” .

Candidates Signature
Contact No.
E-mail:

Supervisor/HOD
(Signature with Date)

(For CIF, ICEIR use only)

Lot No:

Sample Analysis Date:
Reporting date:

Faculty In-charge
(Signature with date)

Director ICEIR/Dean R&D
(Signature with date)