

Requisition Form for FESEM

Phone : 0129-2848631

For Office Use Only

Lab code _____ MR code _____
 Remarks _____

User Name _____ **Principal Investigator** _____

Contact No. _____ **Email ID** _____

Name of Institute/Industry _____

Postal Address _____

Purchase Order No. _____ **GST No.** _____

Fee Remittance Details _____ **Additional Information** _____

IMPORTANT INSTRUCTIONS

1. The user must bring fixed (with 2% Karnovsky solution) biological samples in the facility. The solution may be provided by the facility.
2. The samples must be prepared in clean and dust-free environment with EM-grade chemicals.
3. Only the user and PI are allowed to stay while imaging to minimize the vibrations and temperature fluctuations.
4. A maximum of one hour will be provided per sample.
5. The user is required to bring a blank CD/DVD for data collection.
6. It is advised to follow SOPs for the upstream experiments in order to get good quality data and for better troubleshooting.

PLEASE FILL THE FOLLOWING PARTICULARS

<p>1. Sample information:</p> <p>A. Type of Sample (Dispersed bacteria, Bacterial film, Plant tissue, Animal tissue, Powder, Composite materials, Others) </p> <p>B. Nature of Sample (Conductor, Non-conductor, Semiconductor):</p> <p>C. Aim for Imaging:</p> <p>D. Expected size of target:</p> <p>E. Sample Composition (If Applicable).....</p>	<p>2. Please specify, if your sample is/has:</p> <p>A. Infectious: Yes/No; If Yes, specify BSL level.....</p> <p>B. Moisture: Absent /Very Less/High/Not Sure</p> <p>C. Volatile Organic Solvent:Absent/Very Less/High/Not Sure</p> <p>D. Stable:Yes/No; If No, specify the parameters causing Instability (Aggregation/ Hygroscopic/ Precipitation/ Clumping/ Others):.....</p> <p>E. Magnetic: Yes/No; If Yes, inform the person-in-charge, as it may damage the instrument.</p>
<p>3. Services requested (Please tick):</p> <p>A. FESEM Imaging <input type="checkbox"/></p> <p>B. Sample Processing <input type="checkbox"/></p> <p>C. Sputter Coating <input type="checkbox"/></p> <p>C. CPD <input type="checkbox"/></p> <p>E. Other Consumables _____</p>	<p>4. Usage details:</p> <p>A. Desired usage (in hrs) :</p> <p>B. Desired Slot:</p> <p>i) 10:00 AM—11:00 AM <input type="checkbox"/> ii) 11:00 AM—12:00 Noon <input type="checkbox"/> iii) 12:00 Noon—1:00 PM <input type="checkbox"/> iv) 2:00 PM—3:00 PM <input type="checkbox"/> v) 3:00 PM—4:00 PM <input type="checkbox"/> vi) 4:00 PM—5:00 PM <input type="checkbox"/></p> <p>C. No. of samples:</p> <p>D. Actual usage hours (if exceeds the requested time): (to be filled after the experiment)</p>
<p>5. Prior Information (If known):</p> <p>a) Brief Protocol for Sample processing:</p> <p>.....</p> <p>b) Sputtering Parameters: c) CPD Parameters:</p>	
<p>6. Additional information (if any):</p> <p>.....</p>	

Payment Details

(Payment to be done in advance through NEFT)

Bank account information for funds transfer:

Account Name Executive Director, Regional Centre for Biotechnology (ATPC)
Account No. 349301000047
Bank Name ICICI BANK, Faridabad Branch, THSTI Building
IFSC Code: ICIC0003493
MICR Code 110229278

GST No.: 06AAAAR9016J1ZG

Total Amount Paid _____ **Transaction Reference No.** _____

Date of Transaction _____ **Payment Receipt Required in Favor of** _____

Name and Signature of the Payer _____

UNDERTAKING

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement—

“This research work was carried out in part at the Electron Microscopy Facility of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010).”

Date

Signature of User

Signature of PI/Person-In-Charge

FOR OFFICE USE ONLY (ATPC FACILITY)

Date Received _____	Stored at _____
Received by _____	Signature _____

Signature of Approving Authority _____

FOR OFFICE USE ONLY (ACCOUNTS)

Amount Received _____
Name and Signature of person-in-charge, Accounts _____