Advanced Technology Platform Centre

Regional Centre for Biotechnology, Faridabad
NCR Biotech Science Cluster, 3rd Milestone, Faridabad-Gurgaon Expressway,
P.O Box-3, Faridabad-121001, Haryana, India

Requisition Form for High Content Imaging

Phone : 0129-2848617

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. Kindly provide your sample with completely filled sample submission form, duly signed by your PI/ Person-in-charge.

2. It is advised to follow SOPs for the upstream experiments in order to get good quality data and for better troubleshooting, if required.

Sample information:

1. Multi-well plate (Please mention details) No. of wells/Brand/ Cat. No/Material:

_____

_____

2. Glass slide ( )_____Cover glass ( )_____

Required Experimental : 1. Acquisition ( ) 2. Time lapse ( ) 3. Fluidics ( ) 4. Quantification ( )

Quantification:

Type of sample:_____

No. of Plates/ Sample(s)_____ No of experiments_____

Magnification required: **(a)** 10X Plan Apo NA 0.45 **(b)** 20X S. Plan Fluor ELWD NA 0.45 , **(c)** 40X S. Plan Fluor ELWD NA 0.60 , **(d)** 60X S. Plan Fluor ELWD NA 0.70 Air and **(e)** 100X CFI L Plan EPI NA 0.85Air. (Please specify)

_____

_____

Filters required for analysis: 405/458/488/ 514/ 543/594/ 633 nm

_____

Fluorochrome(s): Excitation max/Emission max:_____

Type of experiments:

_____

Brief description of the experiment

_____

_____

_____

Specific requirements

_____

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 Optical 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_____	