

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 Human Cell Line Authentication Service

Email: genomics_atpc@rcb.res.in; Phone : 0129-2848619

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. Human Cell lines to be tested could be provided as frozen cell pellet with cell density being 1-2 million cells/ml; If gDNA (samples should strictly be eluted in nuclease free water (not DEPC treated)/TE Buffer; Desirable Conc & Vol: atleast 50ng/µl; 10µl volume) isolated from cultures is to be provided, then We recommend using DNeasy Blood & Tissue Kit (Qiagen; Cat#69504), in line with our SOPs. Properly labelled Gel picture with vol of sample loaded, should be emailed, in case of gDNA samples.
2. ATPC does not accept cultures infected with HIV or BSL 3 or 4 agents as well as cultures containing any carcinogens, for Human CLA. Hence please do not send such samples.
3. **Kindly provide your sample with completely filled sample submission form, duly signed by your PI/Person-In-charge.**

PS: It is advised to follow SOPs for the respective procedures and the aforementioned instructions, in order to get good quality data and for better troubleshooting, if required.

Please fill in the following information below and use extra sheet in similar format for higher sample numbers (Extra sheet attached as Appendix):

Total Number of Samples _____

S.No.	Human Cell Line Name	Cell No. (Catalogue No.) for the sample (if Known)	If frozen Cell pellet is provided, then approx. cell count (- million cells/ml)	If gDNA is provided, then Extraction method; Conc (ng/ul); 260/280 and 260/230 Ratio

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.

I understand ATPC does not accept cultures infected with HIV or BSL 3 or 4 agents as well as cultures containing any carcinogens, for Human CLA. To the best of my knowledge, the cell line samples being submitted do not contain any hazardous agents, materials and carcinogens.

Statement for Acknowledgement—

“This research work was carried out in part at the Genomics 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), Government of India.”

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 _____

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Appendix

Signature of User

Signature of PI / Person-In-Charge