

**Requisition Form for ddPCR**

Email: [genomics\\_atpc@rcb.res.in](mailto: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. The recommended template copy number for a 20  $\mu$ L ddPCR reaction is 1-1,00,000 copies. Kindly dilute the template as per the genome size of your sample. (The roughly estimated sample concentration should be ~100 ng, subject to variations)
2. The optimum product size for ddPCR is 75-250 bp and should not be lesser than 75 bp and larger than 400 bp in any circumstances. In case of larger product length, prior restriction digestion is recommended.
3. The recommended primer concentration for standard ddPCR reaction with EvaGreen® is 250 nM each, and for probe based chemistry, recommended primer concentration is 900 nM each and probe concentration is 250 nM.
4. Use only nuclease free water for sample dilutions and ensure that both primers and samples are devoid of contaminants.
5. To avoid any wastage of money and resources, kindly ensure beforehand that your primers are working.
6. Please attach a gel image of RT-PCR reaction and/or qPCR results, whichever way the reactions have been validated earlier.
7. Kindly code your sample up to a maximum of 4 characters.
8. **Kindly provide your sample with completely filled sample submission form, duly signed by your PI/Person-in-charge.**

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

**Please fill in the following details, as the reaction is planned as per the information provided and attach extra sheet for more number of samples (Extra sheet attached as Appendix 1):**

S. No.	Sample Code	Sample Conc. (no. of copies or ng/ $\mu$ L)	Size of Product	Primer Name (F/R)	Primer Conc.	Probe Name and Concentration (If Applicable)
<b>TOTAL NUMBER OF REACTIONS</b>						

**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 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).”

**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 _____
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Name and Signature of person-in-charge, Accounts _____
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**Advanced Technology Platform Centre**  
**Regional Centre for Biotechnology, Faridabad**  
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P.O Box-3, Faridabad-121001, Haryana, India

## **Requisition Form for ddPCR (Genomics Facility)**

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## Appendix 1

**Signature of User**

**Signature of PI/Person-In-Charge**