



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

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**REQUISITION FORM**

**Instrument Facility: Real Time PCR**

Date:

Name: .....

Department/Branch: .....

Samples: a) Number.....

b) Labelling.....

c) Quantity: .....

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)

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*(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)