CENTRAL INSTRUMENTATION LABORATORY

PANJAB UNIVERSITY, CHANDIGARH-160014

REOUISITION FORM FOR CONFOCAL MICROSCOPY IMAGING

Web site: onlinesaif.puchd.ac.in		Email:confocallab@pu.ac.in Ph: 0172-2534047
(Payment should be credit in	<mark>: Director CIL, A/c No</mark>	. 10444977486,IFSC: SBIN0000742)
Name & Designation:		Date:
University/ Institution/College:		
Address for Communication:		
	Pin	State
Research Supervisor's Name: *Title of the thesis:		
Phone/ Mobile Number:		
E-mail Address:		
GST No (*optional):		
Category: PU/ Educational Institute / Ra	&D /Industry (please tic	ek as applicable)
Special Instructions if any:		

No of Sample: Laser options: 405nm, 488nm, 561nm

Sample Information

TYPE OF SAMPLE	a) Fixed [] b) Live – Cell []	
TYPE OF IMAGING	1.Confocal[]2.Fluoroscence[]3.Confocal with DIC[] 4. FRET[] 5. FRAP[]6.XYZ or T[]	
No. of. SLIDES		No. of. CHANNEL:
	1)	Excitation / Emission range:
FLUORESCENT	2)	Excitation / Emission range:
DYES USED	3)	Excitation / Emission range:

This is to certify that samples do not contain infectious/virulent/bio-hazardous/radioactive material.

Signature of the User

*Note: Sample should be fixed on microscopic glass slides with coverslipno. 1.5

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

Signature of user	Supervisor's Signature	Signature of Head of Department With official Seal
Payment received vides receipt	For office use only noNEFT/CashI	DatedAmount:

Note: The presence of user is essential at the time of analysis to ascertain the field to be photographed. Important: - As per the recent decision of FMC committee it is mandatory for user of SAIF facility to acknowledge the facility in their research work and communicate the same to SAIF Chandigarh for onward communication to DST, New Delhi. This condition is necessary for availing discounted price for educational Institutes.