

Date _____

Name _____

Designation _____

Lab/ Dept _____

Address _____

Tel/Mobile no _____ Email _____

User Category (Tick) (a) RCB _____ (b) Other Govt. Institutions _____

Cuvette recieved _____

Cuvette returned _____

Sample information

Approximately 550 μ l concentration of 0.5 mg /mL of solution and 1ml buffer should be provided for analysis. **The sample should not be radioactive.**

Sample code : _____ Sample concentration: _____

CD spectra region from _____ nm to _____ nm

Sample UV spectra Known: Yes [] No [] Buffer: _____

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of User

Signature of PI with Date

Signature of CIF Technical Assistant

Signature

(Scientist –In-Charge/Approving Authority)

Date of completion of experiment:

Remarks if any:

NB: The data can be collected in CD/DVD only. No USB (Pen drive/Hard disk) will be allowed.