

Date _____

Name _____

Designation _____

Lab/ Dept _____

Address _____

Tel/Mobile no _____ Email _____

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

Sample information

Sample name

Amount of Protein and Peptide in pmoles or μg

Method of Quantitation: _____ Molecular wt of Sample _____

Sample state (Please tick mark)

i) Dry and Desalted ii) Dissolved in μl of Solvent _____ iii) PVDF blot stained using (No Nitrocellulose membranes) _____

Number of cycle requested _____

Method of purification and criteria of purity _____

Composition of final buffer used in sample preparation: _____

Date and Time of usage: _____ Number of Samples: _____

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.**