



**BITS Pilani**  
K K Birla Goa Campus

# Central Sophisticated Instrumentation Facility (CSIF)

Birla Institute of Technology & Science, Pilani, K K Birla Goa Campus

&

**BITS BioCyTiH Foundation (A section 8 company)**



## REQUISITION & PAYMENT FORM (Laser Scanning Confocal Microscope)

Model: Olympus Corporation FV3000

User Name: ..... Unique ID (UIN): .....

Department: ..... University / Institution: .....

Email Address: ..... Contact Phone/Mobile No: .....

### SAMPLE INFORMATION

Have sampling modalities and requirements discussed with the technical in-charge (Y/N).....

S. No.	Sample code* (UIN – X*)	Analysis Details	Dye	Excitation Wavelength	Emission Range	Live Cell Imaging

Please provide any other important information on a separate sheet (e.g. toxic samples)

PREFERRED SLOT TIMING: .....

I certify that my samples **do not** present any danger to the personnel or equipment and **I have provided the appropriate handling instructions for safety to the operator before analysis.** I hereby declare that no radioactive sample has been forwarded for analysis.

I/We shall acknowledge the CSIF, BITS PILANI, K K Birla Goa Campus while publishing/reporting the results in journals/conferences or elsewhere.

### PAYMENT DETAILS

S.No.	Nature of Analysis*	Rate	Number of samples	Total
<b>Total</b>				

### Payment Details:

Source of funding & Details: \_\_\_\_\_

Total Amount Paid to BITS BioCyTiH Foundation: Rs. \_\_\_\_\_ /- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

User with date

HOD/Supervisor/PI

Technical In-charge

Accounts Office