Central Sophisticated Instrumentation Facility (CSIF)

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

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
			Total	

Payment Details:

Source of funding & Details: _____

Total Amount Paid: Rs. _____/- Date: _____/_____/_____

User with date   **HOD/Supervisor/PI**   **Technical In-charge**   **Accounts Office**

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