



NATIONAL FACILITY FOR CLINICAL TRIAL

(Sponsored by DST, Gov. of India)

INTERDISCIPLINARY INSTITUTE OF INDIAN SYSTEM OF MEDICINE (IIISM)

SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, KATTANKULATHUR – 603203

REQUISITION FORM FOR DNA BARCODING FACILITY

User Information

1. Name:DATE:.....
2. Designation:.....
3. Affiliation:
4. Email ID & Address for communication:

Signature with date & seal
(HOD / Principal / Guide / Managing Director)

Sample Information:

1. Species Name: Family:
2. Plant Parts: Young leaves or uninfected leaves should be provided/ other parts also will be given based on prior discussion with the respective in-charge.
3. Nature of the sample: Fresh [] Dried []
4. Markers: (Selection by tick)

<i>rbcL</i>	<i>matK</i>	<i>ITS</i>	<i>psbA-trnH</i>	<i>ndhF</i>	Others (Mention)

5. Services required:

PCR products	
PCR product purification alone	
Sanger sequencing	
Analysis of sequences	
Phylogenetic analysis	

6. Sequencing: Unidirectional [] Bi-directional []

7. Phylogenetic analysis: Mention the method appropriately here.....

NOTE: Sample should not have any fungal or bacterial contaminations and Fresh samples are preferred.

(To be filled by the Centre In-charge)

Date of receipt of Sample: _____

Scheduled date of sample analysis: _____

Researcher in-charge for sample analysis: _____

Signature of Dean
IIISM

Signature of In-charge

Note:

The charges for external users have to be paid at the time of sample submission. All payments should be made in the form of a demand draft (D.D) in favour of “SRMIST Consultancy”, payable at Chennai, and the payment should be sent to **The Dean, Interdisciplinary Institute of Indian System of Medicine (IIISM), SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, Kattankulathur, 603203.** Reports will be released only after payment is received.

Kindly send us the publication references for all the publications that come out of this analysis done at the Center. (Journal name, Volume number, Authors name, Date of issue of the publication, etc.).