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 USING ELISA PLATE READER UNIT

<u>Use</u>	<u>r Information</u>		
1.	Name	:	DATE:
2.	Designation	:	
3.	Affiliation	:	
4.	Address for communication	:	
5.	Phone number	:	
6.	Email address	:	
7.	Special Instruction(s)	:	
Director organize of the	or): I agree to pay the charges for this zation. \$ I assure you that, all publica	ially responsible person (HOD / Prines analysis and certified that the user is a tions arising out of research work, where it Technology have been made use of ,	student / employee of our e in the analytical services
	Signature with date & seal (HOD / Principal / Guide / Managing Directo		
Sa	<u>imple information</u> :		
1.	Sample name and amount :		
2.	Number of samples:	Scan Wavelength:	
3.	Sample Preparation Technique:		
	(То	be filled by the Center Incharge)	
	Date of receipt of Sample:		
	Scheduled date of sample analysis: Faculty in-charge for sample analysis		
	r acting in charge for sample analys		
Signatur	re of Dean	Sig	nature of In charge

Note: Please bring the samples after duly staining them in case of special stains

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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 (DD) in favor 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, 603 203. Reports will be released only

Kindly send us the publication reference of all publication arising out of analysis done at the Center. (Journal name, Volume number, Names of the authors, Date of issue of the publication etc).