## 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 RT-PCR UNIT

Use	r Information			
1.	Name	:		DATE:
2.	Designation	:		
3.	Affiliation	:		
4.	Address for communication	:		
5.	Phone number	:		
6.	Email address	:		
7.	Special Instruction(s)	:		
Director organia the III	or): I agree to pay the charges for zation. I assure you that, all public	this analysis and cations arising out	<b>ible person</b> (HOD / Principal / Gui certified that the user is a student / e of research work, where in the analy ave been made use of, the Cente	employee of our tical services of
		(H	Signature with date & sea OD / Principal / Guide / Managing Di	
Sa	ample information for SPM:			
1.	. Sample name and Number of samples:			
2.	DD amount:	_DD no	DD bank details	
3.	B. Dye used and RT-PCR Conditions:			
(To be filled by the Center Incharge)				
	Date of receipt of Sample: Scheduled date of sample analy Faculty in-charge for sample ana	/sis:	<del></del>	
			Signature of I	ncharge
_	re of Dean SM		Ç	3

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, 600 203. Reports will be released only after payment is received.

Note:

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).