

BIOLOG SAMPLE SUBMISSION FORM
CENTRAL INSTRUMENTATION FACILITY
Biotech Center, University of Delhi South Campus,
Benito Juarez Marg, New Delhi -110021
E-mail: cifudsc@south.du.ac.in

To
Professor- in-charge
CIF, UDSC

Dear Sir/Madam,
Machine ready test samples (no-) as detailed below are sent herewith for processing at the CIF.

Principal Investigator: _____ Phone: _____

Department//Institution: _____

Researcher: _____ Phone: _____

Email ID: (PI): _____ (Researcher): _____

Mode of Payment: CIF A/C DD Cheque

If DD/ Cheque, DD/Cheque No. _____ Bank _____ Date _____

NOTE: THE DRAFT/CHEQUE HAS TO BE MADE IN THE NAME OF DIRECTOR, UDSC.

| |
|---|
| Type of organism: _____ |
| Fungi source (if applicable): Air <input type="checkbox"/> Water <input type="checkbox"/> Food <input type="checkbox"/> others <input type="checkbox"/> |
| Spore forming micro-organism: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Capsulated micro-organism: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Optimum temperature of incubation for Aerobic bacteria (GENIII) _____ |
| Any other organism information: _____ |

- For anaerobe (AN), micro plates will be provided by the CIF and it is the user's responsibility to incubate the plate at optimum temperature. After proper incubation users will have to come to CIF for the micro plate reading.
- Repetition of any sample with a different protocol as suggested by the software will be charged as another fresh sample.

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of Indentor and date

**Signature of PI
(with stamp and date)**

Space below for CIF/UDSC use only

| | | |
|----------------------------------|-----------------------------------|------------------------------------|
| Received By: _____ | Sample code: _____ | |
| Date of receiving: ___/___/_____ | Date of completion: ___/___/_____ | Date of report sent: ___/___/_____ |
| Total Charges: _____ | | |
| Remarks if any: _____ | | |

Signature of Technical Person:

(Signature of Faculty In-charge)