**Confocal microscopy 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](mailto:cifudsc@south.du.ac.in)

**The data can be collected in CD/DVD only.**

To

Professor- in-charge

CIF, UDSC

Dear Sir/Madam,

Machine ready test samples (no- ) as detailed below are sent herewith for processing at 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*

Sample Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flourochromes : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Excitation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emission : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Magnification of objective lens: \_\_\_\_\_\_\_\_\_\_\_\_\_ Laser required : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the sample been visualized in fluorescence microscope? [Y / N] Have you used an antifade reagent? [Y / N]

**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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature of Technical Person**  **(Signature of Faculty In-charge)**