

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

**Signature of Technical Person**

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