

**FACS 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 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.**

Number of samples (Including all controls, negative and compensation): \_\_\_\_\_

Types of cells and approximate size: \_\_\_\_\_ Colors (Fluorochromes and dye used): \_\_\_\_\_

Sample Volume (minimum vol 500 µl/sample): \_\_\_\_\_ Number of cells to be counted: \_\_\_\_\_

Cell density and sample volume (each tube): \_\_\_\_\_ Fixed/ unfixed cells: \_\_\_\_\_

- Before setting experiment please discuss available dates with CIF atleast 5 days in advance.
- Cell density/counts needs to be optimized by the submitter prior to submission.
- It is the student/user's responsibility to dispose all waste and acquired during experiment.
- Repetition of any sample with a different protocol as suggested by the software will be charged .

**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)**