

**LASER DISSECTION 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)

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.**

Sample Name : _____
Type of slide : Membrane slide <input type="checkbox"/>
Glass Slide <input type="checkbox"/>
Magnification of objective lens: _____

**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)**