

## Requisition Form for Flow Cytometry

Phone : 0129-2848634

### For Office Use Only

Lab code \_\_\_\_\_ MR code \_\_\_\_\_  
Remarks \_\_\_\_\_

User Name \_\_\_\_\_ Principal Investigator \_\_\_\_\_

Contact No. \_\_\_\_\_ Email ID \_\_\_\_\_

Name of Institute/Industry \_\_\_\_\_

Postal Address \_\_\_\_\_

Purchase Order No. \_\_\_\_\_ GST No. \_\_\_\_\_

Fee Remittance Details \_\_\_\_\_ Additional Information \_\_\_\_\_

### IMPORTANT INSTRUCTIONS

1. Please choose optimum concentration of Antibody and/or fluorochrome. It is advised to choose antibody concentration obtained from antibody titration.
2. To avoid bleaching of the fluorochemicals, minimize the time between staining and acquisition else use fixatives.
3. To eliminate non-specific signals, block the Fc receptors on cells or use secondary antibody that doesn't cross react.
4. Please inform the technical team if using any infectious agents or BSL2+ microbes.
5. It is advised to follow SOPs for the upstream experiments, in order to get good quality data and for better troubleshooting, if required.
- 6. Kindly provide your sample with completely filled sample submission form, duly signed by your PI/Person-in-charge.**

# Please provide the following information below and use extra sheet wherever required:

<b>1. ANALYSIS TYPE</b> (Please Tick)	A) Data Acquisition only	B) Non Sterile Sort	C) Aseptic Sort
<b>2. SAMPLE INFORMATION</b>			
A) Total No. of Samples (including unstained controls)		B) Origin of cells and Type of Cells	
C) Cell Concentration		D) Cell size	
E) Desired number of cells to be recorded for analysis		F) Cells are fixed or Unfixed	
G) Number of Populations to sort (For Sorter)		H) Number of cells to be recovered for each population	
<b>3. FLUOROCHROME DETAILS</b>			
A) Name		B) $Ex_{max}/Em_{max}$	
<b>4. Booking Duration</b>	Total Usage (In Hrs.)		
<b>5. Additional Information (If any)</b>			

### PAYMENT DETAILS

(Payment to be done in advance through NEFT)

**Bank account information for funds transfer:**

Account Name Executive Director, Regional Centre for Biotechnology (ATPC)  
Account No. 349301000047  
Bank Name ICICI BANK, Faridabad Branch, THSTI Building  
IFSC Code: ICIC0003493  
MICR Code 110229278

**GST No.:** 06AAAAR9016J1ZG

**Total Amount Paid** \_\_\_\_\_ **Transaction Reference No.** \_\_\_\_\_

**Date of Transaction** \_\_\_\_\_ **Payment Receipt Required in Favor of** \_\_\_\_\_

**Name and Signature of the Payer** \_\_\_\_\_

### UNDERTAKING

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement—

“This research work was carried out in part at the FACS Facility of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010).”

**Date**

**Signature of User**

**Signature of PI/Person-In-Charge**

#### FOR OFFICE USE ONLY (ATPC FACILITY)

Date Received \_\_\_\_\_ Stored at \_\_\_\_\_

Received by \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Approving Authority \_\_\_\_\_

#### FOR OFFICE USE ONLY (ACCOUNTS)

Amount Received \_\_\_\_\_

Name and Signature of person-in-charge, Accounts \_\_\_\_\_