GEL DOC ANALYSIS REQUEST FORM

DST-PURSE Laboratory, Mangalore University

Incompletely filled sections may result in sample rejection!

Contact Details:

Name: _____

Name of Supervisor & Designation: _____

Department & Organization: _____

Tel. no.: _____ email: _____

Billing address: _____

_____

Sample Details:

Sample ID (Alphanumeric):

1) 2) 3)

4) 5) 6)

7) 8) 9)

10)

Note: Maximum samples that can be accommodated in request form is limited to TEN. If in the case of more than ten samples submit multiple forms for every TEN samples.

Description of sample:

Nature of Sample:

Type of Staining:

Whether the analyte is toxic? : YES / NO (If YES, mention the precautions that have to be taken care during sample handling):

Whether visualization involves UV light: YES / NO

Whether densitometric scanning is required: YES / NO

Analysis Requirements: _____

Number of sample submitted: _____

Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangotri- 574199.
2. Each publication shall carry the following acknowledgement: "This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangotri". In addition, if we receive help for analysis data from instrument incharge, the same will be acknowledged suitably, either in the form of acknowledgement or by providing co-authorship.

Signature ***(Candidate)*** *Signature and Seal* ***(Supervisor)*** *Signature and Seal* ***(Chairman/ Head of the Department)***

FOR OFFICE USE ONLY

Accepted date	Operator	Payment details	Comments

Signature ***(Scientific Officer)***

Signature and Seal
(Coordinator)