

# INSTITUTE OF NANOSCIENCE AND TECHNOLOGY MOHALI

# REQUISITION FORM FOR RT-PCR ANALYSIS

# Internal Users only

|  |  |
| --- | --- |
| **Student (Internal)** | **Date: / /** |

**1. Name: ……………………………………………………….…….. 2. Designation: ………………………………..**

**3. Email ID: ………………………………………...……..…..……... 4. Mobile number: ………..………...…….......**

# Sample Details:

**No. of samples: ………….**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Sample ID** | **Internal control** | **Gene** | **TM** | **Dye** | **Cycle conditions** |
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| --- | --- | --- |
| **Name of** |  | **Signature** |
| **User** |  |  |
| **Supervisor** |  |  |
| **Signature**  **(Faculty-In-charge)** | | |
| **Allotted to Operator’s Name**  **Slot timing:** | | |
| **Remarks:**  **Signature**  **(Operator)** | | |

## Note:

1. **Please specify the nature of your sample whether it contains any toxic/ flammable/ hazardous/ explosive component.**
2. **Potentially hazardous samples will not be accepted for analysis.**