

Requisition form for using Confocal Microscope at INST

(For Internal Users)

INST-NABI Lab

Name		
Date		
Designation		
E-mail and telephone number		
Number of samples		
Sample details		
Dyes to be used		
Laser line/lines to be used		
Specify if your samples are hazardous		
Authorization Data		
Name of		Signature
Requisitioner		
Supervisor		
Signature (Faculty-In-charge)		
Allotted to Akriti/ Other operators' name		
Slot timing:		
Remarks:		
Signature (Operator)		

Note: Please consult the operator before preparing the samples: