



Form No. _____

Date: __/__/__



Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for ELISA Plate Reader

This form is to be filled in by Researcher and submitted along with sample.

1. Person Details:

Name of Researcher: -----

Institute /Address: -----

Phone: ----- Email:-----

2 Sample Details:

Number of Samples: -----

Type of Sample: -----

3 Instrument Details:

a Plate/ Cuvette : -----

b Analysis Type: End point/ Kinetics/ Well Scan (Tick mark please)

c Absorbance: Fluorescence/ Absorbance/ Luminescence/ Time resolved/ Fluorescence Polarization (Tick mark please)

d Weave Length: -----

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____



Institute of Bioinformatics and Biotechnology
Savitribai Phule Pune University

Requisition Form for Rota vapor

This form is to be filled in by Researcher and submitted along with sample.

1. Person Details:

Name of Researcher: -----

Institute /Address: -----

Contact:

Phone: ----- Email:-----

2 Sample Details:

Number of Samples: -----

Type of Sample: -----

3 Instrument Details:

a Water/ Oil bath:

b Name & Boiling point -----
of used solvent:

c Temperature: -----

d RPM & Time required: -----

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____



Institute of Bioinformatics and Biotechnology
Savitribai Phule Pune University

Requisition Form for Gas Chromatography

This form is to be filled in by Researcher and submitted along with sample.

1. Person Details:

Name of Researcher: -----

Institute /Address: -----

Contact:

Phone: ----- Email:-----

2 Sample Details:

Number of Samples: -----

Type of Sample: -----

3 Instrument Details:

a. Name of Column: CBPL-525/ RTX 5/ Stabilwax/ RTX-Biodiesel TG/
(please tick the required) StabilWaxDA/ RT2560/ Chirodox-GTA/ LipodexA

b. Name of Detector, ECD/FID: -----

c. Injection mode, split/ splitless/direct: -----

d. Temperature of Oven: -----

e. Total Flow, ml/min: -----

f. Column oven temperature program

Column Flow, ml/min: -----

Temperature: -----

Hold Time: -----

g. Remarks, if any: -----

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD get the acquired data.



Form No. _____

Date: __/__/____



Institute of Bioinformatics and Biotechnology
Savitribai Phule Pune University

Requisition Form for Ultra- Centrifuge

This form is to be filled in by Researcher and submitted along with sample.

1. Person Details:

Name of Researcher: -----

Institute /Address: -----

Contact:

Phone: ----- Email:-----

2 Sample Details:

Number of Samples: -----

Type of Sample: -----

3 Instrument Details:

a. Rotor Type: 100Ti/ SW55Ti/ and 70Ti

b. RPM: -----

c. Temperature, °C: -----

d. Run Length, (hh: mm): -----

e. Remarks, if any: -----

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/__



Institute of Bioinformatics and Biotechnology
Savitribai Phule Pune University

Requisition Form for High Performance Liquid Chromatography

1. Person Details:

Name of Researcher/student: -----

Institute /Address: -----

Phone: ----- Email:-----

Name of the guide and signature _____

2 Sample Details:

Number of Samples: -----

Type of Sample: -----

3 Instrument Details:

a. Mobile Phase: -----

b. Type of HPLC Analytical/ Preparative/ Both (Please tick mark)

c. Type of Column: Analytical (C18 & C 8), Preparative (C18)

c. Program for Run: -----

d. No. of runs -----

e. Remarks, if any: -----

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted on first serve first basis.
- Kindly bring CD get the acquired data.
- Filter your sample through 0.2µm (preferable)/0.4 µm filter prior to acquisition.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____



Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Lyophilizer

This form is to be filled in by Researcher and submitted along with sample.

1. Person Details:

Name of Researcher/student: -----

Institute /Address: -----

Phone: ----- Email:-----

Name of the guide and signature _____

2 Sample Details:

Number of Samples: -----

Type of Sample: -----

Solvent Type: -----

3 Instrument Details:

a Type of container: -----

b No. of Container: -----

c. Specific condition required if any: -----

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.
- Provide the sample a day before.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

**Institute of Bioinformatics and Biotechnology**

Savitribai Phule Pune University

Requisition Form for UV- Vis Spectrophotometer*This form is to be filled in by Researcher and submitted along with sample.*

1.	Person Details: Name of Researcher: ----- Institute /Address: ----- ----- Contact: Phone: ----- Email:-----	
2	Sample Details: Number of Samples: ----- Type of Sample: Liquid / Power/ Thin Film (Please tick mark)	
3	Instrument Details:	
a	Thin Film/ Cuvette/ Powder :	-----
b	Analysis Type:	Spectrum / Kinetics/ Photometric (Please tick mark)
c	Weave Length:	
d	Any other	----- -----

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Flow cytometer

Person details

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

Sample details

Type of sample: _____

Number of samples: _____

Name of Dyes: _____

Type of analysis: _____

Excitation wavelength: _____ Emission wavelength: _____

Note: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Real Time PCR

Person details

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

2. Sample details

Type of sample: _____

Number of samples: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for LCMS

Person details

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

2. Sample details

Type of sample: _____

Number of samples: _____

Other Details: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for FPLC

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

2. Sample details

Type of sample: _____

Number of samples: _____

Other Details: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for IEF

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

2. Sample details

Type of sample: _____

Number of samples: _____

Other Details: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Biosafety facility

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

Details of the work to be done:

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/__

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Cryopreservation unit

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

Details of the work to be done:

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Isothermal Titration Colorimetry (ITC)

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

2. Sample details

Type of sample: _____

Number of samples: _____

Other Details: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Dynamic light scattering (DLS)

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

2. Sample details

Type of sample: _____

Number of samples: _____

Other Details: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____



Form No. _____

Date: __/__/____

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for HPLC (analytical)

Name of the Researcher/Student: _____

Name of Guide: _____

Institute/Address: _____

Contact: Phone: _____, Email: _____

2. Sample details

Type of sample: _____

Number of samples: _____

Other Details: _____

Name of Researcher:

Name of Guide:

Sign of researcher:

Sign of Guide

Sign of Faculty In-Charge:

Sign of Director, IBB

- Please submit the completely filled form to respective TA or In-Charge.
- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) : _____