



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: -----

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: -----

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) :** \_\_\_\_\_



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**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: -----

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) :** \_\_\_\_\_



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**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: -----

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: -----

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) : \_\_\_\_\_



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## 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: -----  
-----

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) :** \_\_\_\_\_



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

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) :** \_\_\_\_\_



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**Requisition Form for Fluorescence Microscope****1. Person details**

Name of the Researcher/Student: \_\_\_\_\_

Name of Guide: \_\_\_\_\_

Institute/Address: \_\_\_\_\_

Contact: Phone: \_\_\_\_\_, Email: \_\_\_\_\_

**2. Sample details**

Type of sample: \_\_\_\_\_

Number of slides/samples: \_\_\_\_\_

Name of Dye: \_\_\_\_\_

Excitation wavelength: \_\_\_\_\_ Emission wavelength: \_\_\_\_\_

**3. Instrument details –**

Filters	Excitation range	Emission range
1. <input type="checkbox"/>	Bright Field (BF)	
2. <input type="checkbox"/>	330nm – 400nm	400nm – 530nm
3. <input type="checkbox"/>	430nm – 510nm	495nm – 680nm
4. <input type="checkbox"/>	520nm – 640nm	560nm – 640nm
Magnification: 5x <input type="checkbox"/>	10x <input type="checkbox"/>	40x <input type="checkbox"/>
		100x <input type="checkbox"/>

Note: \_\_\_\_\_

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 &amp; Time) : \_\_\_\_\_