

CENTRALISED INSTRUMENTATION AND SERVICE LABORATORY
DEPARTMENT OF PHYSICS
ANNAMALAI UNIVERSITY, ANNAMALAINAGAR – 608 002
REQUISITION FOR FLOW CYTOMETER - CELL SORTER(FACS ARIA III)

Name :

Position :

Department :

Institution :

Contact no. :

Name of the Guide :

Number of samples :

Sample Details

Sample type:	<input type="checkbox"/>	Primary cells	<input type="checkbox"/>	Cell line	Describe cell type:		
Number of events to record/sample :							
Relative size:	<input type="checkbox"/>	<10 μ m	<input type="checkbox"/>	10 - 20 μ m	<input type="checkbox"/>	>20 μ m	
Origin of cells:	<input type="checkbox"/>	Human	<input type="checkbox"/>	Mouse	<input type="checkbox"/>	Rat	Other(specify):
Excitations/Dye's used: (specify in detail like Dye/Flurochrome used)							
Ethical Committee Approval No. :							
Does sample contain any biohazard agent:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	

Any other remarks:

This is to declare that the sample does not contain any biohazard/infectious compound which may cause potential threat to the user/operator during analysis. This study has been approved by concerned ethical committee. Certified that the above request is for academic purposes.

Signature

Signature of Guide

Signature of HOD

Date:

Signature of HOD – Physics, AU.

Remarks: