



Fluorescence Sample Submission Form

Date-

Bangalore Bioinnovation Centre Fluorescence Microscope Facility

Name of the Indentor :
Concerned Faculty/Scientist :
Laboratory no. & Contact no. :
Proposed date and time :
Sample analysis time (per hour basis):
Specification: Protocol :
(*Excitation, Emission, & Dye*)
Sample details :
(*Species, Tissue type & Thickness*)

User's Profile:

Name of the User & designation (Roll No .etc):

Name of the Company/Institutes (category):

Tel. No.:

Declaration

The Company / Institute/ Center agree to the transfer of the amount of Rs.
to the Bangalore Bioinnovation Centre towards the charges for the above work done.

Signature of user
Name

Signature of higher authority
Name

Sign. Of Lab In-charge (Confocal).