**UNIVERSITY  OF MYSORE**

**CENTRAL INSTRUMENTATION AND RESEARCH FACILITY**

**INSTITUTION OF EXCELLENCE**

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

**Requisition for Flow Cytometer**

**Sample Submitted by Details of the Guide**

Name : Name :

Department : Department :

Contact No. : Contact No. :

Email ID : Email ID :

Category : University of Mysore Other University/Institution Industry

**Sample Information**

Submitted Date :

Sample Name :

Sample ID :

No. of Samples :

**Sample Analysis:**

ApoptosisViability Cell cycle PI Cell cycle UV Leukocyte subpopulation

**Declaration:**

I agree that all the information provided above is true. In any publication to be published using the results, Flow Cytometer Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Signature of the Student Signature of the Guide (With seal)

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Analyzed by Principal Scientist