

27. Will User bring 50 ml volume of Autoclaved DI/MQ water.....
28. Has the user ensured presence of Blank CD/DVD?.....
29. Does the User have own Sheath Filter?.....Cat number of Sheath Filter.....
30. Please provide all Sample details: (No field to be left blank)
 - A. Species of Sample cells origin: (Human, mouse, Rat, Hamster, Plant).....
 - B. Type of sample: If Primary cells, state whether PBMC, Blood, bone marrow, splenocytes, macrophages, etc).....
 - C. If Cell Line, state name and type of cell line.....
 - D. Were the cell lines genetically engineered?.....If yes, how were they engineered?.....
 - E. Was a virus used for engineering (Adenovirus, Retrovirus, Lentivirus, Herpes Virus etc).....
*samples with mammalian cells/cell lines, must include at-least One CD marker of identification.
 - F. Whether sample is Infected/un-infected:
 - G. Nature of infection (whether bacteria, fungus, virus, parasite).....
 - H. Name of organism in sample.....
 - I. Whether organism is drug resistant?.....if yes, provide details.....
 - J. Assigned BSL Level: BSL I.....BSL II.....BSL III.....
(Attach copy of IBSC protocol or approved DBT biosafety guidelines for confirming BSL category)
 - K. Will User supply recommended PPE to Trained Operator?.....
 - L. Has the user ensured fixing of infected samples?.....
* Live microorganisms in sample is subject to IBSC approvals and self-sorting/analysis independently.
 - M. Will User ensure necessary cleaning/autoclaving after experiment?
- (Volume required for sheath buffer,FACS Clean,DI water & 70%ethanol for infected samples will be higher)
31. Experiment Date and Day Requested:
32. Time Requested.....
33. Whether Booking in other category slot.....If yes, name of trained operator
34. Undertaking:

I hereby state that, I stand responsible for any kind of faults/clogging/damages to the instrument (from my samples/consumables) or handling (if trained operator) within the time allotted for instrument operation. I confirm that I have disclosed all particulars of my sample and that I will be responsible for any untoward incident (if any) to the operator or the facility users from my samples. I will also make sure that all rules and regulations of the laboratory are followed and we will take all the precautions as mentioned in the guidelines.

Signature of the student

Signature of the Supervisor

Date

Date

* Filled Form to be emailed to all 3 OCs max. 2 weeks and min. 3 days in advance from Experiment date.