

\_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Lab/ Dept \_\_\_\_\_

Address \_\_\_\_\_

Handling of Instrument i) Operator assisted (  ) ii) Independent (  )

Tel/Mobile no \_\_\_\_\_ Email \_\_\_\_\_

User Category (Tick) (a) RCB \_\_\_\_\_ (b) Other Govt. Institutions \_\_\_\_\_

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**Sample information**

Organism Used: \_\_\_\_\_

Antibiotic Resistance: \_\_\_\_\_

PH Range: \_\_\_\_\_

Desired DO: \_\_\_\_\_

Temperature for Inoculation and growth:  
\_\_\_\_\_

Temp for Induction: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

**Undertaking**

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

**Signature of User**

**Signature of PI with Date**

**Signature of CIF Technical Assistant**

**Signature (Scientist-In-Charge/Approving Authority)**

Date of completion of experiment:

**NB: The data can be collected in CD/DVD only. No USB (Pen drive/Hard disk) will be allowed.**