

REGIONAL CENTRE FOR BIOTECHNOLOGY
NCR Biotech Science Cluster
3rd Milestone, Faridabad-Gurgaon Expressway
Faridabad - 121 001 (Haryana)

CENTRAL INSTRUMENTATION FACILITY
Fluorescence Spectrophotometer

Date _____

Name _____

Designation _____

Lab/ Dept _____

Address _____

Tel/Mobile no _____ Email _____

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

Cuvette received _____

Cuvette returned _____

Sample information

Sample code _____

Sample concentration _____

Excitation Wavelength _____

Emission Wavelength _____

Solubility of the sample _____ Buffer: _____

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:

Remarks if any:

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