

Date _____

Name _____

Designation _____

Lab/ Dept _____

Address _____

Tel/Mobile no _____ Email _____

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

Sample information

S. No.	Sample Code	Required Speed		Temperature	Duration	Tube Type

Please check on the rotors which you want to use for your experiment/s.

Rotors	P100AT2	P56ST	P70AT2	P40ST	P100VT	P28S
RCF (max.)	803,000	409,000	452,000	284,000	700,000	141,000

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: