

**REGIONAL CENTRE FOR BIOTECHNOLOGY**  
**NCR Biotech Science Cluster**  
**3rd Milestone, Faridabad-Gurgaon Expressway**  
**Faridabad - 121 001 (Haryana)**  
**Phone: 0129-2848813**

**CENTRAL INSTRUMENTATION FACILITY**  
**Li-COR Scanner**

Date \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

### Sample information

Sample Type \_\_\_\_\_

Channel required \_\_\_\_\_

Intensity required \_\_\_\_\_

Resolution required \_\_\_\_\_

Date and Time of usage: \_\_\_\_\_

Number of samples: \_\_\_\_\_

Scanning sample (i) Western (ii) DNA gel (iii) Plate array (iv) Other

### 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.**