

\_\_\_\_\_ **Date** \_\_\_\_\_

Name and designation \_\_\_\_\_

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

Lab/ Dept (for RCB users) \_\_\_\_\_

Address (for non-RCB users) \_\_\_\_\_

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

Mode of Instrument handling i) Operator Assisted ( ) ii) Independent ( )

**Sample information**

Type of sample: 1). Live Cell ( ) 2). Fixed Cell ( ) 3) Other ( )

Has the sample been visualized in a fluorescence microscope? [Y ( ) / N ( )]

Please name the antifade reagent used: \_\_\_\_\_

Laser(s)/Filters required for analysis: 405/458/475/ 488/ 514/ 543/594/ 633 nm

Objective lens (dry or oil) [e.g. 63X (oil)]: \_\_\_\_\_

Type of experiments: Co-localization ( ) FRET ( ) FRAP ( ) Live cell imaging ( ) Other ( )

Please explain if "other":

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

Fluorochrome(s) \_\_\_\_\_ Excitation max/Emission max \_\_\_\_\_

**Undertaking**

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith. While due care will be taken in sample handling (for operator assisted/ handled samples), the 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 and remark if any:

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