

Advanced Technology Platform Centre
Regional Centre for Biotechnology, Faridabad

NCR Biotech Science Cluster, 3rd Milestone, Faridabad-Gurgaon Expressway,
P.O Box-3, Faridabad-121001, Haryana, India

## Requisition Form for HPLC Phone: 0129-2848631

	For Office Use Only
	MR code
Remarks	
User Name	Principal Investigator
Contact No.	Email ID
Name of Institute/Industry	
Postal Address	
Purchase Order No.	GST No.
Fee Remittance Details	Additional Information
IM	IPORTANT INSTRUCTIONS
	completely filled sample submission form, duly signed by
your PI/Person-in-charge.	
#Please fill the following information	below and use extra sheet wherever required.
2. Analysis to be done: Fractionation/Quantification of small brief).	molecules/Purity profile/Clean up/Other (Please describe in
3. Sample Information:	
(i) Nature of Samples: Biological ex Standard (Pure molecule)/Small synthet	extract (Plasma, urine, digested protein, etc.)/Plant extract/ tic molecule/other, please describe:
(ii) Purity of the standard provided (	Attach Purity profile): (attach pdf file)
(iii) Solubility details of the sample:	
(iv) Amount/ Concentration :	
(v) Method provided : (Y/N),	, if yes, attach Reference: (attach pdf file))
(vi) Total number of samples:	

(vi) Sample details (Please fill all	the required sections)
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S. No.	Sample Name/Code	Molecular Weight	Origin

	PAYMENT DETAILS			
	(Payment to be done in advance through NEFT)			
Bank account informa	ation for funds transfer:			
Account Name	Executive Director, Regional Centre for Biotechnology (ATPC)			
Account No.	349301000047			
Bank Name	ICICI BANK, Faridabad Branch, THSTI Building			
IFSC Code:	ICIC0003493			
MICR Code	110229278			
GST No.: 06AAAAR	9016J1ZG			
Total Amount Paid	Transaction Reference No			
Date of Transaction_	Payment Receipt Required in Favor of			
Name and Signature of the Payer				
UNDERTAKING				
I/We undertake to abid	de by the safety rules, sample preparation guidelines and take all the precautions during study of			

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement-

"This research work was carried out in part at the Mass Spectrometry Facility of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010)."

**Date** 

Signature of User

Signature of PI/Person-In-Charge

FOR OFFICE USE ONLY (ATPC FACILITY)				
Date Received	Stored at			
Received by	Signature			
Signature of Approving Authority				
FOR OFFICE USE ONLY (ACCOUNTS)				
Amount Received				
Name and Signature of person-in-charge, Accounts_				