

Kindly print the required performa, fill it up and send to **Emerging Life Sciences**

Emerging Life Sciences
Guru Nanak Dev University, Amritsar-143005,India
Real Time-PCR (Room no. 405)

Date:

Concerned Department:

Concerned Supervisor:

Signature of the Supervisor:

Name of the Student:

Signature of the Student:

Date of Experiment:

Time of Experiment:

Detection Method: SYBR Green () TaqMan()

Number of Samples:

RT-PCR Teacher Incharge

Sample Submission Form for BET Analysis

Date:

S. No.	Sample Code	Submitted By	Signature of Supervisor	Remarks

1. Degassing temperature:

2. Type of Analysis: Physisorption/ Chemisorption

3. Analysis Required: (please tick the appropriate one from the following)

Isotherm	BET Surface Area	Langmuir Surface Area	Freundlich Surface Area
t-plot	Tamkin Surface Area	BJH Adsorption	BJH Desorption
Harvath-Kawazac Analysis	DFT Pore Size		

4. Use of Filler rod in Sample tube: Yes/No

5. Seal Frit Required: Yes/No

6. Gas to be used for study: At present, we are using N₂ for adsorption and desorption.

Note:

- a. Only one sample can be submitted at one time. After the analysis of first sample, next sample can be submitted.
- b. Chemisorption facility is available but yet to be installed.
- c. Before submitting the sample evacuate your sample at 80-90 °C for about 10 hours or at ambient temperature for 24 hours if sample is not stable at higher temperatures.
- d. Sample must be stable at degassing temperature.

Department of Emerging life science, Guru Nanak Dev University, Amritsar

Requisition form for particle Size and Zeta potential

Date

Name of student

Name of supervisor

Number of samples

Sample state

Amount of sample

Solvent used

Sample code

Signature of supervisor

Signature of student

For office use only

Sample received on

Sample analyzed on.....

Reference No

Signature of office in charge

Signature of instrument in charge

Department of Emerging life science, Guru Nanak Dev University, Amritsar

Requisition form for Spray drying

Date

Name of student

Name of supervisor

Number of samples

Sample code

Sample state

Amount of sample

Solvent used

% Solid content

Spray drying parameters

Signature of supervisor

Signature of student

For office use only

Sample received on

Sample analyzed on.....

Reference No

Signature of office in charge

Signature of instrument in charge

Department of Emerging life science, Guru Nanak Dev University, Amritsar

Requisition form for Rheometer

Date

Name of student

Name of supervisor

Number of samples

Sample state

Amount of sample

Solvent used

Parameters to perform

Sample code

Signature of supervisor

Signature of student

For office use only

Sample received on

Sample analyzed on.....

Reference No

Signature of office in charge

Signature of instrument in charge

Department of Emerging life science, Guru Nanak Dev University, Amritsar

Requisition form for HPLC

Date

Name of student

Name of supervisor

Number of samples

Sample state

Amount of sample

Solvent for sample preparation.....

HPLC Parameters

a) Flow rate

b) Wavelength

c) Column

e) Mobile phase

Sample code

Signature of supervisor

Signature of student

For office use only

Sample received on

Sample analyzed on.....

Reference No

Signature of office in charge

Signature of instrument in charge

**Requisition form for Metal/Heavy metal analysis for Internal Users of GNDU
ATOMIC ABSORPTION SPECTROPHOTOMETER CENTRAL FACILITY**

Name _____			
GNDU Regd. No. _____			
Department _____			
Contact No. (O) _____		Mobile No. _____	
Email: _____			
Nature of sample		_____	
Number of samples		_____	
pH range of samples		_____	
Name of element to be analyzed		_____	
AAS only	AAS with graphite furnace	AAS with hydride Vapour generation	
Type of Fuel gases required			
Acetylene + Air	Acetylene + Nitrous oxide	Argon + Acetylene/Nitrous oxide	
Name of Supervisor		_____	
		(Signature of Requisitioner)	
_____		_____	
(Signature of Supervisor)		(Signature of Head of Department)	
Date of submission of requisition form		Tentative date for analysis of samples	

Note:

- > The samples should be properly filtered at least using *Whatman* filter paper No. 1.
- > The pH of the samples should not be less than 5.
- > The samples having concentration more than 5 ppm will require dilution.
- > Please bring Fresh CD only for collection of results. Used CD or Pen drives will not be accepted.
- > List of elements include Ag, Ca, Cd, Co, Cr, Cu, Fe, K, Mg, Mn, Na, Zn.
- > Only one element for 25 samples will be analyzed per requisition form.
- > Separate requisition form should be filled after every 25 samples.



Guru Nanak Dev University, Amritsar

Requisition Form for use of Scanning Electron Microscope Facility

Name:

Designation:

Address:

Tel./Mobile No.: Email:

Number of Samples:

Type of Sample:

Nature of Service Required:

Undertaking:

I/We undertake to abide by the safety and sample preparation guidelines and precautions during imaging of my samples. I/we shall not claim for any damage/harm to my/our samples submitted for the analysis.

Requisition made by:

Recommended By
(Head/Principal Investigator)

Permitted for Use:

(Professor In-charge)
Scanning Electron Microscope for Life Sciences

(Dean Faculty of Life Sciences)

Date of submission of requisition:

Date/Time of Usage

For Office Use Only:

Sr. No. _____

Date: _____

Signature of Operator In-Charge

Requisition form for Semi Prep HPLC

Name _____	
Department _____	
Contact No. (O) _____	Mobile No. _____
Email: _____	
Sample Name/ID/Code _____	
Nature of Compound _____	
• If solid, quantity and recommend solvent _____	
• If liquid, Concentration and solvent (incl. Buffer, salt etc.,) _____	
• _____	
• Storage conditions _____	
• Safety remarks: Toxic Non Toxic Biological Hazardous	
• Mention compatible chromatographic conditions for UPLC analysis: _____	

Aim of analysis: _____	

_____ (Signature of Supervisor)	_____ (Signature of Requisitioner)
	_____ (Signature of Head of Department)

Note:-

- The samples should be properly filtered at least using 0.2 μ filters.
- Please bring Fresh CD only for collection of results. Used CD or Pen drives will not be accepted.

Sophisticated Analytical Instrumentation Facility
Department of Physics
Guru Nanak Dev University

Renishaw micro-Raman Spectrometer

1. Name of User :
- i. Phone :
- ii. E-Mail:
2. Research Supervisor :
3. Category : Ph.D/ M.Phil/ M.Sc./Post Doc. Research
4. Department :
5. University/Institution :
6. Wavelength used :
7. Wavenumber Range :
8. Type of Samples : Powder/Liquid/Film on substrate/Polymer/Gel
9. Nature of Sample : Explosive/Toxic/Light-Heat-Air Sensitive
10. Sample Description :
11. No. of Samples :(Maximum no. of Samples is 6)
12. Sample codes

Signature of Research Supervisor _____ Signature of Student _____

Signature of Instrument Incharge _____

For Office Use Only

Sample Received

Sample Analyzed on

Reference No..... Signature Lab In-charge

**Sophisticated Analytical Instrumentation Facility
Department of Physics, GND University.**

XRD Facility

- 1. Name of User :.....
- i. Phone :.....
- ii. E-Mail:.....
- 2. Research Supervisor :.....
- 3. Category :Ph.D/ M.Phil/ M.Sc./Post Doc. Research
- 4. Department :.....
- 5. University/Institution :.....
- 6. Angle Range :.....
- 7. Type of Samples :Powder/Liquid/Film on substrate/Polymer/Gel
- 8. Nature of Sample :Explosive/Toxic/Light-Heat-Air Sensitive
- 9. Sample Description :.....
- 10.No. of Samples :.....
- 11. Sample codes

1	2	3	4	5	6

Signature of Research Supervisor _____ Signature of Student _____

The Above Samples may be accepted on behalf of our Department/Institution

Head of the Department

For Office Use Only

Sample Received

Sample Analyzed on

Reference No.....

Signature Lab In-charge

Sophisticated Analytical Instrumentation Facility

Dept. of Physics

Guru Nanak Dev University, Amritsar

Transmission Electron Microscope (TEM)

User Name/Contact/e-mail :

Research Supervisor:

University/Institute/Dept. :

Sample Details : (Please tick whichever is applicable)

No. of Samples (Max. 2)	:					
Morphology & size expected	:					
Sample is	:	Magnetic	Nonmagnetic	Biological		
Sample is	:	Hazardous	Non-Hazardous			
Sample is	:	Conducting	Non-Conducting			
Nature of Sample	:	Powder	Dispersion	Film		
Medium for dispersion	:	Ethanol	Methanol	Water	Iso-propyl alcohol	Acetone
		Toluene	other (mention)			
Personal Appointment (You would like to attend)	:	Yes	No			

Signature of Research Supervisor

Signature of Student

For Office Use Only

Signature of Instrument Incharge

Sample Received on :

Sample analyzed on :

Reference No :

Signature Lab in-charge

NOTE:

Please bring your own CD for taking the data
Samples must be mounted on a grid

Requisition form for Isothermal Titration Calorimetry

Name:

Department:

Contact No:

Email:

Sample name/ID/ Code:

i)

ii)

Aim of analysis:

Name

Department

Contact No

Email

(Signature of supervisor)

(Signature of Requisitioner)

(Signature of Head of Department)

Notes:

- i) Syringe concentration should be less than 500mM.
- ii) Samples should not precipitate during titration.
- iii) Do not use organic solvents.
- iv) Concentrations of protein solutions should be less than 150 μ M.

Requisition form for Amino Acid Analyzer

Name _____	
Department _____	
Contact No. (O) _____	Mobile No. _____
Email: _____	
Sample Name/ID/Code _____	
Nature of Compound _____	
<ul style="list-style-type: none">• If solid, quantity and recommend solvent _____• If liquid, Concentration and solvent (incl. Buffer, salt etc.,) _____• _____• Storage conditions _____• Safety remarks: Toxic Non Toxic Biological Hazardous• Mention compatible chromatographic conditions for UPLC analysis: _____	
Aim of analysis: _____	
_____ (Signature of Supervisor)	_____ (Signature of Requisitioner)
	_____ (Signature of Head of Department)

Note:-

- The samples should be properly filtered at least using 0.2 μ filters.
- Please bring Fresh CD only for collection of results. Used CD or Pen drives will not be accepted.

Department Of Chemistry
Guru Nanak Dev University, Amritsar
Microsense-VSM Facility
Request form for VSM Facility

Name of Student	
Sample Code	
Physical state of samples	
Magnetic field range	
No. of samples	

Signature of Supervisor

Signature of In charge of VSM

Note: Please submit only two samples with each request form

Sample Submission Form for DLS Analysis

Date:

S.No.	Sample Code	Submitted By	Supervisor	Email ID

1. Temperature of Measurement:
2. Type of the Sample:
3. Solvent Used:
4. Viscosity and refractive index of the sample:
5. Analysis Required: Size / Molecular weight / Zeta potential
6. Scattering angle: 13^o forward scattering / 173^o back scattering

Signature of Supervisor

Signature of Instrument
Incharge

Note:

- a. Before submitting the sample, depending on your expectations of result, please filter the sample solutions either with 0.2 micron or 0.45 micron membrane filter if necessary.

CENTRE FOR GENETIC DISORDERS
Guru Nanak Dev University, Amritsar

The Cashier
Guru Nanak Dev University
Amritsar

A/c. No. 4180 B

Case No: _____
Date: _____

Name: _____

Fee for Chromosomal analysis by: 1500/-

- ◆ Fee for Genetic Counselling Rs. 500/-
- ◆ Others (specify)

Amount due: _____

Co-ordinator
Centre for Genetic Disorders

Telephone: 258802-09, Ext.3277

CENTRE FOR GENETIC DISORDERS
Guru Nanak Dev University, Amritsar

The Cashier
Guru Nanak Dev University
Amritsar

A/c. No. 4180 B

Case No: _____
Date: _____

Name: _____

Fee for Chromosomal analysis by:

- ◆ Fee for Genetic Counselling Rs. 500/-
- ◆ Others (specify)

Amount due: _____

Co-ordinator
Centre for Genetic Disorders

Telephone: 258802-09, Ext.3277

