

University Science Instrumentation Centre (USIC)

University of Delhi, Delhi-110007

Date _____

Requisition form for Confocal Microscopy Facility

1. Name of the research Scholar _____
2. Email and Mobile No _____
2. Name of the Supervisor and address: _____
3. Nature of the Sample _____
5. Sample Code _____
6. Number of Samples _____
7. Sample Information; Detailed description of the sample to be imaged:
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.....
8. Number of slides and sections per slide:
.....
9. Fluorophores present in the slides with their Ex/Em max values:
.....
.....
10. Type of imaging requested (Tick):
 - a. Imaging magnification (10X/20X/ 40X/100X)
 - b. Single colour confocal microscopy
 - c. Multi-colour confocal Imaging with DIC
 - d. Z-stack imaging
 - e. Time lapse imaging
 - f. Live cell imaging

Instructions for submitting the sample and getting result

1. Freshly prepared high-quality slides stored in dark.
2. Soft copy of data will be provided students are advised to bring their own CDs.
3. Data will be stored for a month's time in the computer and will be deleted after that.

Signature of Student / Scholar Course Contact Number	_____ _____ _____ _____	Signature of the Supervisor Department	_____ _____
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		Signature Director, USIC	_____
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