**REQUISITION FORM FOR BIOLOGICAL SAMPLES**

**Transmission Electron Microscope Facility (JEM2100)**

**SOPHISTICATED ANALYTICAL INSTRUMENT FACILITY**

**North-Eastern Hill University, Shillong-793022**

**User Information**

Name: …………………………………………………………. Designation: ……………………………...

Address for ……………………………………………………………………………………………………...

Correspondence / Billing: ………………………………………………………………………………............

…………………………………………………………………………………………………………………..

Phone Number: …………………… Fax: …………………… E-mail address: ……………………………

Title of the Project / Dissertation: ……………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Sample Code | Lab.code(To be filled by TEM technician) | Biological samples : Animal/PlantName of specimen/tissue , fixative & buffer used , duration of fixation. Specify if any orientation is required | Biological samples - Desired details of the ultra structure & Magnification |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5  |  |  |  |  |

**Details of samples submitted**: Please provide the following details:

**Note: 1. If the sample(s) present any danger to the personnel or equipment, then kindly provide appropriate handling instructions.**

**2. Minimal time should elapse between sacrifice and immersion in fixative. Samples should be trimmed into 1.0- 1.5mm cube size. Fixation time is 2- 4 hours (depending on tissue type) at 4oC. Wash in 0.1M buffer (3 changes of 15 minutes each) and transport in the same buffer at 4oC.**

**3. No form will be accepted unless all the details above are provided.**

**4. A maximum of 5 samples will be accepted at a time.**

 Instrument Time required:

I hereby certify that the user is a bonafide research student/employee of our organization, and the payment of the bills for the charges for analysis of the sample(s) shall be made by:

**(a) Research Scholar (b) Supervisor (c) Department (d) Any other ………**

Date: Signature Signature Signature

Place: Research student Supervisor/Teacher Head/Coordinator/PI

 Name: Seal:

 Seal:

***Please Note****:* **Incomplete requisition forms will not be entertained.**

*The full charges have to be paid in advance at the time of submission of sample(s) by Demand Draft drawn in favor of*

***HEAD, SAIF, Shillong*** and *should be sent to* ***The Head, SAIF, NEHU, Shillong – 793 022 or***

through direct account transfer via internet banking either by **NEFT or IMPS** only  to the following account:

**Account number:32378709270;     IFSC CODE:SBIN0004295;    BRANCH:SBI NEHU**

**Kindly acknowledge the use of the Facility in your published papers and send us the citation details.**

*To download this form and for other information, please visit* ***http://nehu.ac.in/Misc/Services/SAIF***

*Photocopy of this form can also be used*.