



Confocal Sample Submission Form

Date-

Bangalore Bioinnovation Centre Confocal Microscope Facility

Name of the Indentor :

Concerned Faculty/Scientist :

Laboratory no. & Contact no. :

Proposed date and time :

Specification: Protocol :
(*Excitation, Emission, & Dye*)

Sample details :
(*Species, Tissue type & Thickness*)

User's Profile:

Name of the User & designation (Roll No .etc):

Name of the Company/Institutes (category):

Tel. No.:

Declaration

The Company / Institute/ Center agree to the transfer of the amount of Rs.
to the Bangalore Bioinnovation Centre towards the charges for the above work done.

Signature of user

Name

Signature of higher authority

Name

Sign. of Lab In-charge (Confocal).