ADVANCED CENTRE FOR TREATMENT, RESEARCH & EDUCATION IN CANCER (ACTREC)

EM SAMPLE REQUISITION FORM

DATE:

1. USER: ACTREC/ TMH / DAE / OUTSIDER:
2. TITLE OF THE PROJECT:

3. NAME & ADDRESS OF INVESTIGATOR:

4. CONTACT DETAILS – PHONE NO/ EMAIL:

5. NAME ON THE INVOICE (BILL):
6. NATURE OF SAMPLE-SOLID TISSUE/PELLET/MONOLAYER CELL CULTURE, PARTICLE SUSPENSION:
7. NUMBER OF TOTAL SAMPLES:
8. PROJECT DURATION:
9. GRANT NO. TO DEDUCT SAMPLE PROCESSING CHARGES:
10. GST NUMBER (FOR EXTERNAL USERS):
11. PROJECT SUMMARY:

12. USER'S NAME & SIGNATURE WITH DATE:
13. PI/ HOD'S NAME & SIGNATURE WITH DATE: