



# CENTER FOR DNA FINGERPRINTING AND DIAGNOSTICS

SOPHISTICATED EQUIPMENT FACILITY

UPPAL, HYDERABAD

## FACS –REQUISITION FORM

NAME				DATE :
LABORATORY SUPERVISOR				
INSTITUTION	a) CDFD [ ]	b) Academic [ ]	c) Industry [ ]	
NO.OF.SAMPLES				
SAMPLE TYPE				
ANALYSIS TYPE	a) Fluorescence	b) Cell cycle	c) Sorting	d) Others
SAMPLE INFORMATION	a) Cell count:		b) Wavelength:	
	c) Florochrome:			
PHONE				
E-mail				
DECLARATION	This is to certify that these samples do not contain Radioactive material			
	Signature			<input type="text"/>

This is to submit that Content of this report is meant for our information only and we will not use the content of this report for advertisement, evidence, litigation or quote as certificate to third party.

Signature of Student

Signature of the Group Head