



Advance Technology Platform Centre
Regional Centre for Biotechnology, Faridabad
NCR Biotech Science Cluster, 3rd Milestone, Faridabad-Gurgaon Expressway,
P.O Box-3 Faridabad 121001 Haryana, India

Requisition form for Biolayer Inferometry (Octet Red 96)

Phone: 0129-2848800

For office use only
Sr. No:

Name of Primary Investigator: Date: ../.../.....
Contact details Email:.....
Address
.....
Invoice address (If different from above)
.....
Purchase order No GST No:
Fee remittance details :.....

Sample information:

1. No of Proteins sample: (Ligand) (Analytes):

a) Ligand name : pI of Ligand:

b) Conc. of Ligand (working stock- 10-50ug/ml)

c) Tag in Ligand: Nature of Ligand:

d) Analyte names: Conc. of Analyte :

e) Nature of Analyte (Small molecule, aggregation, etc)

.....

f) Name and pH of Buffer for Ligand immobilization:

g) Type of running Buffer : pH

h) Special requirement for running buffer (additives)

2. Experiment type:- (please tick) I. Binding () II. Kinetics ()

a) Immobilization (RU)

b) Chemistry of Immobilization :

c) Sensor chip :

3. Buffer composition of Protein?

a) Buffer b) pH c) Conc.

Note:-

1. All buffers should be prepared in deionized water and degassed for 15 minutes.
2. Sample and buffer should be filtered through 0.22µ filter unit.

**** (Please note that all applications must be forwarded by concerned PI/Faculty from the laboratory/ Institute along with proof of payment as per details provided in the form).**

Undertaking

I/We undertake to abide by the safety rules, sample preparation guidelines and take all precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond it's control. I/We shall duly acknowledge the ATPC in all publications emerging out of the results from the studies at ATPC thereafter in journals or elsewhere.

Date.....

Signature of PI/Supervisor

For Office Use Only:

Received by - _____

Date - __/__/____

Lab Code : _____

Stored at ____ °C

Fridge No. ____

Signature of ATPC Technical Staff

Signature
(Scientist Incharge/Approving Authority)

GST No: 06AAAAR9016J1ZG

Details of Bank Account: (Payment to be made in advance through NEFT/RTGS)

Account Name: *Executive Director, Regional Centre for Biotechnology (ATPC)*

Account No.: *349301000047*

Bank Name: *ICICI BANK , Faridabad Branch, THSTI Building*

IFSC Code: *ICIC0003493*

MICR Code: *110229278*

Deposit Amount:Details of Slip:

Signature of Depositor: