**Inter University Centre for Biomedical Research**

**& Super Speciality Hospital**

Mahatma Gandhi University campus at Thalappady, Rubber Board P.O, Kottayam

**WESTERN BLOTTING ANALYSIS REQUEST FORM**

Name of Applicant :

Designation and Address :

Phone No. & Email ID :

Name of Institution :

Name & Signature of Supervisor :

Billing Address :

Title of Research work/project :

Description of Sample :

Number of samples :

Concentration of the protein sample :

Volume of sample to be loaded in the gel :

Reference articles, if any :

Remarks/suggestions :

Date: Signature of Applicant

**For office use only**

Name of Analyst: Permitted by:

Signature: Date of Analysis:

Total Fee :

**Instructions**

1. The fees for the analysis will be depending on the consumption of the solvents and

consumables.

2. The payment received is more than the actual analysis charges incurred; it will not be

possible to refund the excess amount paid. However, the excess amount may be adjusted

against future analyses by the same user or another user from the same organization

following a written request by email or hard copy.

3. Acknowledgement must be made for the service in the publications.

4*.* For **western blot** analysis, Payments are to be made only by money transfer to

**Bank: State Bank of India**

**Branch: Puthuppally**

**Account Name: Director, IUCBR**

**Account No: 67303296688**

**IFSC Code: SBIN0070122**

**Tariff for Analytical Work**

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| --- | --- | --- | --- |
| **Sl No** | **For MG University Students** | **For researchers from other Educational Institutions** | **For Industries** |
| 1 | Rs. 200/- | Rs. 400/- | Rs.800/- |