**Inter University Centre for Biomedical Research**

**& Super Speciality Hospital**

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

**ELISA 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 :

**Sample Information**

|  |  |
| --- | --- |
| Sample Type (Serum/Plasma/Tissue) |  |
| Species |  |
| Volume Available (µL) |  |
| Storage Condition |  |
| Remarks |  |

**Assay Information**

|  |  |
| --- | --- |
| Target Analyte |  |
| ELISA Kit Name & Manufacturer |  |
| Catalogue Number |  |
| Kit Lot Number |  |
| Number of Samples to Analyse (including duplicates) |  |
| Controls Required (Positive/Negative/Blank) |  |
| Standard Curve Range |  |

**Plate Layout:** Attach a layout for sample, standards and controls

**Special Instructions (if any)**

Date: Signature of Applicant

**For office use only**

Name of Analyst: Permitted by:

Signature: Date of Analysis:

Number of samples :

Number of Kits :

Total Fee:

**Instructions**

1. The Kit and samples should be provided

2. The fees for the test will be depending on the consumption of reagents and consumables.

2. The data generated out from ELISA reader is mainly for research purposes only

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

4*.* The payments are to be made only money transfer to

**Bank: State bank of India**

**Branch: Puthuppally**

**Account Name: Director, IUCBR**

**Account No: 67303296688**

**IFSC Code: SBIN0070122**

**Tariff for Analytical Work**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **For M G University Students** | **For researchers from other Educational Institutions** | **For Industries** |
| Service Charge for doing ELISA using ELISA plate washer and Reader | Rs. 150/sample | Rs. 200/sample | Rs.250/sample |