**Inter University Centre for Biomedical Research**

**& Super Speciality Hospital**

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

**Karyotyping by G-Banding from Peripheral Blood 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 | **Peripheral Blood** |
| Volume Collected (mL) |  |
| Anticoagulant Used (Heparin/ other) |  |
| Time of Collections |  |
| Transport Conditions |  |

Date: Signature of Applicant

**For office use only**

Name of Analyst: Permitted by:

Signature: Date of Analysis:

Number of samples

Total Fee:

**Instructions**

1. The samples should be provided

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

2. The karyotyping result 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** |
| Karyotyping Charge | Rs. 1500/sample | Rs. 1800/sample | Rs.2000/sample |