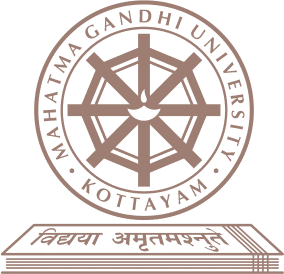
**Inter University Centre for Biomedical Research**

**& Super Speciality Hospital**

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

**RT-PCR 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 :

Experiment type :

Number of samples :

Primer Type : ☐ Gene-specific ☐ Random Hexamer ☐Oligo-dT

Template type :

RNA isolation method :

Date: Signature of Applicant

**For office use only**

Name of Analyst: Permitted by:

Signature: Date of Analysis:

Consumption of consumables (nos) :

Total Fee :

**Instructions**

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

Consumables.

2. The payment received is more than the actual analyses 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. The data generated is mainly for research purposes only

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

5*.* For **RT- PCR** analysis, 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.No.** | **For M G University Students** | **For researchers from other Educational Institutions** | **For Industries** |
| 1 | Rs.400/sample | Rs. 500/sample | Rs.1000/sample |