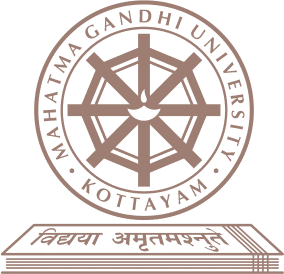
**Inter University Centre for Biomedical Research**

**& Super Speciality Hospital**

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

**REAL TIME 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 :

Dye type :

Number of samples (including replicates) :

Template type :

Reaction Volume :

Reference gene :

Target gene :

Controls included. : ☐ NTC ☐ Positive Control ☐ Negative

Control ☐ Internal Control

Are the samples hazardous or infectious? : Yes/No

If yes provide biosafety precautions:

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 reagents and

consumables.

2. The data generated out from Real Time PCR can only be used for research purposes

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

4*.* For **Real Time 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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **For M G University Students** | **For researchers from other Educational Institutions** | **For Industries** |
| Service Charge for doing Real Time PCR | Rs.150/sample | Rs. 200/sample | Rs.250/sample |