



Requisition Form for Providing Sequencing Service (Internal)

Research Project Title:

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Project ID:

Project Approval:

Date of Requisition:

Name, ID and number of samples (If necessary, please attach additional sheet):

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Purpose of the sequencing:

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Service requested:

- DNA sequencing of PCR products
 DNA sequencing of purified PCR products

Name of the person requesting the service:

Designation and Division:

Signature of Person requesting the service:

Recommendation from Head of the Division (with seal):

(For use by the Molecular Biotechnology Division):

Recommendation from Head of the Division (with seal):

Requisition Book Entry Serial & Date:

Date of analysis performed:

Total number of samples sequenced:

Analysis Log book entry serial & Date:

Operation in-charge



Requisition Form for Providing Sequencing Service

Name of the person requesting the service:

Designation and Affiliation (including e-mail):

Date of Requisition:

Name, ID and number of samples (If necessary, please attach additional sheet):

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Purpose of the sequence:

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Service requested:

- DNA sequencing of unpurified PCR products
 DNA sequencing of purified PCR products

Signature of Person requesting the service

(For institutional use)

Recommendation from Head of the Division (with seal):

Requisition Book Entry Serial & Date:

Date of analysis performed:

Total number of samples sequenced:

Analysis Log book entry serial & Date:

Operation in-charge

Billed Amount:..... Bill number:..... Date:.....

Rate of Sequencing Services of NIB

Sl. No.	Service	Rate/sequencing (BDT)
1	DNA sequencing of PCR products	2000
2	DNA sequencing of purified PCR products	1500

Note:

- *Please provide gel image of the PCR products*

- *Please note that Pen-drive is **not allowed** to transfer data. A blank CD has to be provided with the requisition form.*