

DNA CORE FACILITY REQUEST FORM



**Genetics & Genomics Lab, Central Laboratory Complex
UVAS Ravi Campus**

Requester Details

Name	E-mail:
Dept.	Ext. No/ Phone No.

Sample Details

Number of Samples	Date:
Sample Tag No.	
Project ID	
Formula/Composition	
Form/Type	<input type="checkbox"/> Blood <input type="checkbox"/> Tissue <input type="checkbox"/> DNA <input type="checkbox"/> PCR product <input type="checkbox"/> Other: _____ (Please specify)

Sr. #	Template Name	Template Conc.	Template type	Fragment Size	Primer Name & Tm	Primer Conc.	Comments

Specific Precautions for Each Sample

	Precautions			
	Gloves	Mask	Safety shield	Other (specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare that I have assessed the risk of using the samples listed above and consider that they

are safe to use provided that good laboratory practice is followed together with the safety requirements as detailed above.

Name		Signature	
Name (Supervisor)		Signature	
Date			

"For Official Use"

Authorization Provided by:

Name (Equipment Incharge)			
Signature		Date	

Instructions:

- Primers should be provided at a concentration of 10 pico moles/ul atleast.
- Provide high quality, purified DNA template.
- Attach gel photographs with this request form.