

**PCR ANALYSIS REQUEST FORM**  
DST-PURSE Laboratory, Mangalore University

Name of applicant:

Name of the Supervisor:

Name of the institution:

Address:

Tel. no.:

E-mail:

Billing address (for Non-Mangalore University customer):

*Sample Details:*

Sample IDs: (Alphanumeric)

- |     |    |    |
|-----|----|----|
| 1)  | 2) | 3) |
| 4)  | 5) | 6) |
| 7)  | 8) | 9) |
| 10) |    |    |

**Note:** Maximum samples that can be accommodated in request form are limited to TEN. If in the case of more than ten samples submit multiple forms for every TEN samples.

*Description of sample:*

Nature of Sample (Solution/ film):

Whether the analyte is toxic? : YES / NO (If YES, mention the precautions that have to be taken care during sample handling):

*Analysis Requirements:*

Number of sample submitted: \_\_\_\_\_

*Declaration:*

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMMEE, Mangalore University, Mangalagangothri- 574199.
2. For each publication shall carry the following acknowledgement: "This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangothri". In addition, if we receive help from instrument incharge, the same will be acknowledged suitably, either in the acknowledgement or as a co-author.

*Signature (Candidate)*

*Signature and Seal (Supervisor)*

*Signature and seal  
(Chairman/ Head of the  
department)*

**FOR OFFICE USE ONLY**

Accepted date	Operator	Payment details	Comments

*Signature and Seal (Scientific Officer)*