



AMINO ACID ANALYSIS REQUEST FORM

DST-PURSE Laboratory, Mangalore University

Incompletely filled sections may result in sample rejection!

Contact Details:

Name: _____

Name of Supervisor & Designation: _____

Department & Organization: _____

Tel. no.: _____ email: _____

Billing address: _____

Sample Details:

Sample ID: _____ (Alphanumeric)

Description of sample:

1)

2)

3)

4)

5)

Number of sample submitted: _____

Note: Maximum samples that can be accommodated in request form is limited to 5. If in the case of more than five samples submit multiple forms for every 5 samples.

Separate application form required for each type of sample.

Nature of Sample (Solution):

Quantity of Sample submitted (ml/g/mg): _____ Soluble in: _____

Description of Sample (Please give details):

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

Physiological fluid Analysis

- Analysis Requirements:*
1. Blood
 2. Food Containing Vegetable Materials
 3. Plant Extraction
-

Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangotri- 574199.
2. Each publication shall carry the following acknowledgement: "This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangotri". In addition, if we receive help for analysis data from instrument incharge, the same will be acknowledged suitably, either in the form of acknowledgement or by providing co-authorship.

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 (Scientific Officer)

*Signature and Seal
(Coordinator)*
