



CONFOCAL MICROSCOPY ANALYSIS REQUEST FORM

Microscopy Facility, 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): _____

Detailed description of the sample to be imaged:

Number of slides: _____

Fluorophores present in the slides with their Ex/Em max values:

Type of imaging requested (Tick):

Multi color confocal Imaging with DIC

Z-stack imaging

Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangothri- 574199.
2. 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 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)
