



# GEL DOC 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):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_

10) \_\_\_\_\_

**Note:** Maximum samples that can be accommodated in request form is 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:

Type of Staining:

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

---

Whether visualization involves UV light: YES / NO

Whether densitometric scanning is required: YES / NO

Analysis Requirements: \_\_\_\_\_

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

---

*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)**

---