

No:



Date:...../...../.....

**University of Kerala**  
**Central Laboratory for Instrumentation and Facilitation (CLIF)**  
*Kariavattom Campus, Trivandrum-695 581 Phone: 0471-2308566*  
*E-mail:siccuok@gmail.com*

Name: .....

Official /Billing Address: .....

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: ..... Mobile: .....

Category: Kerala University Students (A) ☐ Students from colleges affiliated to UoK (B) ☐

Students from other Educational institutions (C) ☐ R & D institutes (D) ☐

Industry (E) ☐

Purpose : Phd ☐ MSc ☐ Mphil ☐ Others ☐

Mode of Payment\*: DD

Receipt No\*.: \_\_\_\_\_

Date: \_\_\_\_\_

*Certified that the sample submitted belongs to the above mentioned user and using of CLIF facility will be acknowledged in all the publications arising out of the results of the analysis.*

Date: \_\_\_\_\_

.....  
**Name and Signature**  
**of the Head of the Institute/Dept.**  
*(Office Seal is mandatory)*

*Important\*:*

- *Partially filled form and form without office seal will be summarily rejected*
- *Each page should be printed separately for submission*
- *The complaint if any regarding the analysis result has to be intimated within 3 weeks on receipt of the result*
- *The leftover/analyzed samples shall be collected within 2 weeks from the date of issue of result*

**Office Use only**

Sample Received on:

Number of samples :

Analysis for :

Amount :

**Name and Signature**  
**Of the authority**

## Spectral Confocal Microscope Analysis Request Form

Name: .....

Address: .....

.....

E-mail: ..... Mobile: .....

Number of samples\* \_\_\_\_\_

Sample Type: \_\_\_\_\_

Only samples in micro slide and well plates are acceptable.

### Required measurements/Mode

i) **Confocal imaging :** excitation:.....emission:.....  
(Specify Wavelength)

ii) **Live cell imaging :** Temperature:.....Co2/air flow rate:.....  
(Specify incubation condition)

.....  
Name and Signature  
of the Applicant

.....  
Recommendation of  
supervising teacher

.....  
Name and Signature  
of the Head of the Institute/Dept.

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### ***Important***

- i) ***Mandatory fields should not have kept blank***
- ii) ***Sample containers should be uniquely identified and appropriately labeled***
- iii) ***Please provide the information about any specific sample preparation method required, chemicals to be used, range of instruments to be used, any literature or past analytical experience***
- iv) ***Please specify nature of your sample, if your submitted sample contain toxic/ flammable/ hazardous component, please attach material safety data and other details (if any) along with the sample.***
- v) ***Partially filled form and form without office seal will be summarily rejected***