

REQUISITION FORM
NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
-CENTRAL INSTRUMENTATION FACILITY-
(LABCHIP GX-High Throughput Electrophoresis System)

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DATE OF INDENT.....
INDENT NO.....

NAME OF INDENTOR:

CONTACT NO:

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LAB NO. /DEPARTMENT:

DESIGNATION: FACULTY STUDENT PROJECT STAFF (Please ✓ in Box)

SCIENTIST CONCERNED:

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INSTRUMENT TO BE USED: (Please ✓ in Box)
Labchip GX-caliper

DATE:

I TAKE RESPONSIBILITY OF THE INSTRUMENT AND LAB.

Consumable provided by (Please ✓ in Box)

CIF User Lab

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(INDENTOR SIGNATURE)

(FACULTY SIGNATURE)

TECHNICAL STAFF

(CIF IN-CHARGE)

FOR CIF USE ONLY

INSTRUMENT ISSUED ON DATE AND TIME:

INSTRUMENT RETURNED ON DATE AND TIME:

RECEIVED/HANDOVER

(TECHNICAL STAFF)