

Centre for Excellence in Imaging
Division of Biological and Life Sciences
Ahmedabad University, Ahmedabad-380009
Requisition Form for Transmission Electron Microscope Usage
(Internal samples)

Date:

Date and time of use:

Name:

Supervisor/ Head:

Email:

Phone/Mobile number:

Sample type:

Biological/ Material

Total Number of samples:

Details:

Signature of Faculty In charge

Signature of Supervisor/ Head

Note:

- User should get the time slot allotted before submission of the samples
- Samples will not be returned unless a request is made in advance at the time of sample submission

Name of Operator with signature and date:

Data received by _____

Note: Please make sure to provide advance notice of 30 minutes prior to already scheduled booking to ensure otherwise booking will stand cancelled.