

RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY (RGCB)

TRANSMISSION ELECTRON MICROSCOPY (TEM)

Thycaud, Thiruvananthapuram, Kerala 695014

SAMPLE SUBMISSION FORM

Date:

Sample Submitted by:

Official/Billing Address:

Designation.....Department:

E-mail:.....Mobile:

Category: ☐ RGCB Student (A) ☐ Student from other Educational Institutions (B)
☐ Govt. R&D Institutes/laboratories(C) ☐ Industries Users/Overseas users (D)

Sample Information:-

Number of Samples*:

Sample ID:

Sample Nature*:

Sample Type*:

- | | | | |
|--|-----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Exosome | <input type="checkbox"/> Virus | <input type="checkbox"/> Powder | <input type="checkbox"/> Sample loaded grid |
| <input type="checkbox"/> Nanoparticles | <input type="checkbox"/> Bacteria | <input type="checkbox"/> Liquid | |
| <input type="checkbox"/> Others (if others please specify) | | | |

Sample description with Preparation Method:

Important

- ***Partially filled form and form without office seal will be summarily rejected.***
- ***The leftover/analyzed samples shall be taken back if required otherwise it will be discarded.***
- ***Sample containers should be uniquely identified and appropriately labelled.***

.....
**Name and Signature of the
Applicant**

.....
**Name and Signature of the
Institute/Department head
(Office Seal)**

Office Use Only

Sample Received on:
Sample ID:
Number of samples:
Time taken for imaging:
Amount:

.....
**Name and Signature
of Staff-In-Charge**