**Central Research Laboratory (Unit-I)**

**Service of Analysis: qRT-PCR** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student/Researcher’s Name: -------------------------------Student ID: ----------------------------Department / Organization: ----------------------------------------------------------------------------**

**Email: -------------------------------------------------- Cell Number: -------------------------------**

**Supervisor’s Name: ---------------------------------- Designation: --------------------------------**

**Email: -------------------------------------------------- Cell Number: -------------------------------**

|  |  |
| --- | --- |
| **Analysis Required (Code)**PCR analysis |  |
| **Number of Samples** |  |
| **Sample code(s)** |  |
| **Sample Description**Nature of sample**\***, Blood/tissue (or any other)  |  |
| Detail of Marker genes to be tested |  |
| **Detail of analysis** Complete (RNA extraction from samples, cDNA synthesis and PCR analysis) /partial |  |

*\*Natural product / synthetic / extract etc.*

**Signature & Stamp of Supervisor: -------------------------------------------------------------------**

* Make sure that the sample is not explosive, radioactive, or bio-hazardous.
* The sample must be free from any impurities.
* Please attach the original analysis fee proof (Bank challan or a Pay order / DD in favor of Treasurer, University of Sargodha).

**----------------------------------------------------------------------------------------------------------------**

**OFFICE USE ONLY**

**Sample Receiving Date: ------------------------------------- Diary Number: SU/CRL/\_\_\_\_\_\_\_**

**Analysis Performed By: ------------------------------------- Total Amount Received: Rs \_\_\_\_\_**

**Mode of Payment:** Bank Challan Pay Order DD

**Bank Challan / Pay Order / DD Number** (Date)**: -------------------------** ( / / )

**Expert**