



UNIVERSITY OF SARGODHA
PATHWAY TO PROGRESS

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