

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) Govt.R&D Institutes/laboratories(C) Student from other Educational Institutions (B) Industries Users/Overseas users(D)	
Number of Samples*: Sample	ID:
	· Type* :
□ Exosome□ Virus□ Nanoparticles□ Bacteria□ Others(if others please specify)	Powder Sample loaded grid Liquid
Sample description with Preparation Method:	
Important	
Partially filled form and form without office seal w.	ill be summarily rejected.
The leftover/analysed samples shall be taken back if required otherwise it will be discarded.	
Sample containers should be uniquely identified and appropriately labelled.	
Name and Clarators of the	Name and Construct of the
Name and Signature of the Applicant	Name and Signature of the Institute/Department head
Office Use Or	(Office Seal)
	<u></u>
Sample Received on: Sample ID:	
Number of samples :	
Time taken for imaging:	
Amount :	
	Name and Signature Of Staff-In-Charge