

**DST-FIST LAB, CENTRE FOR RESEARCH IN SCIENCE &  
TECHNOLOGY (CRIST),  
STELLA MARIS COLLEGE (AUTONOMOUS)**

CHENNAI – 600 086.

URL: [http://www.stellamariscollege.org/crist\\_lab.php](http://www.stellamariscollege.org/crist_lab.php)

**Sample Analysis Requisition Form for Probe Sonicator**

<b>Name of the Student:</b>	
<b>Roll No. &amp; Department:</b>	
<b>Name of the Faculty / Guide In-Charge / Supervisor:</b>	
Billing Name & Address:	
Phone:	
E-mail:	

**SAMPLE INFORMATION**

	Sample 1	Sample 2	Sample 3	Sample 4
Sample Label				
Nature of the Sample* 1. <b>Biological</b> [Protein / AA ( <i>DNA/RNA</i> ) / Bacterial / Viral / Fungal] 2. <b>Chemical</b> [Liq. / Viscous ( <i>Acidic/Basic</i> )]				
Sample Volume [(Min.) 15 ml – 50 ml (Max.)]				
Amplitude (%) & Time (Min.) for Sonication*				
Solvent Used for Dissolving the Sample*				
Solubility of the Sample (Good/ Med./ Poor)*				
Upper Temperature Limit to be Set ( <i>Yes/No</i> ) [If Yes, How Much]*				

*\*Please specify*

**Any other information:**

**Signature of the Faculty / Guide /  
Supervisor (*With Seal*)**

**Name:**

**Institution/Department:**

**Signature of the student**

**Date:**

**Please Note :**

- I. The Charges have to be paid at the time of submission of the Samples. All DD Payments should be made to **The Principal, Stella Maris College**, Stella Maris College Branch.
- II. In all Publications of Research Work, where in the Analytical Services of the DST-FIST Lab, Centre for Research in Science & Technology (CRIST) have been made use of, the DST-FIST Lab, CRIST, Stella Maris College (Autonomous) shall be duly acknowledged.
- III. Kindly send us the Publication Reference (Journal Name / Volume Number / Names of the Authors / Date of Issue of the Publication etc.)
- IV. Samples for Analysis to be submitted on working days (Monday to Friday) from 10:00 am – 12:00 noon and 2:00 pm – 4:00 pm.
- V. Data will be supplied in the Compact Disc provided by the user.

**FOR DST-FIST LAB :**

Requisition Number : \_\_\_\_\_

Date Received : \_\_\_\_\_ Date Completed : \_\_\_\_\_

Operator : \_\_\_\_\_ T.O In-Charge: \_\_\_\_\_ Coordinator : \_\_\_\_\_

Details of Payment Received (DD Amount, DD No., Date & Bank Details) :

\_\_\_\_\_  
\_\_\_\_\_

Acknowledgement from User: Received Data on Completion of Experiment.

Signature : \_\_\_\_\_ Name: \_\_\_\_\_

Date : \_\_\_\_\_