National Institute of Plant Genome Research

BIACORE T200

	Date of Indent	
Name of Indenter	:	
Contact telephone/mobile no.	:	
Scientist concerned (Lab no.)	:	
Proposed date and time of use	:	
Cignature of Indontor		Scientist concerned
Signature of Indentor Date:		Scientist concerned Date:
(For facility use only)		
Date indent received	:	
Tentative date	:	
Date of work done	:	
Technical Staff		Facility In-charge
Date:		Facility In-charge Date:

Note: CHIP should be removed immediately after finishing the experiment.