

**NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
MICROARRAY FACILITY**

Date of Indent

Name of the Indenter :

Contact telephone/Mobile no. :

Scientist Concerned (Lab no.) :

Instrument to be used (Tick appropriate box ✓)

1. Affymetrix GeneChip 7G Microarray System
(7G Scanner, Fluidics station & Hybridization oven)
2. Agilent Hybridization System
3. GenePix 4000B Scanner
4. Agilent 2100 Bioanalyzer
5. Microarray Data Analysis Workstation

Proposed date and time of use :

No. of samples :

Specifications :

Signature of Indentor
Date:

Scientist concerned
Date:

(For Facility Use Only)

Date indent received :

Tentative date :

Date of work done :

Technical Staff
Date:

Facility In-charge
Date: