



Avinashilingam Institute for Home Science and Higher Education for Women Coimbatore-641043

**ADVANCED RESEARCH LABORATORY**

**Sample Submission Form**

1.	Name	:	
2.	Designation/Class	:	
3.	Department	:	
4.	Institution and Address	:	
5.	Name of the Supervisor	:	
6.	Mobile number	:	
7.	Email id	:	
8.	Analytical charges	:	
9.	Billing address	:	
10.	Receipt no./Transaction no. and date	:	
11.	Sample code & no. of samples	:	
12.	Sample type	:	Non-hazardous/ Hazardous/controlled substances/cytotoxic SDS must be included in the sample(s)
13.	Return sample*	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	<b>Facility/Analysis Required<sup>#</sup></b>		
○	Antimicrobial test	:	Bacteria / fungus
○	Antioxidant Assays	:	DPPH / ABTS/ H <sub>2</sub> O <sub>2</sub> / NO/ Reducing power
○	Atomizer	:	
○	Bioreactor	:	
○	Biospec Nano Spectrophotometer	:	DNA/RNA Purity /Absorbance(220-800nm)
○	ELISA Reader	:	Wavelength:.....
○	Flow Cytometry	:	
○	Fraction Collector	:	
○	Freeze Dryer	:	Solvent:
○	Gel Electrophoresis	:	
○	HPLC	:	Solubility : ethanol / methanol
○	HPTLC	:	Solubility : ethanol / methanol
○	MTT Assay	:	

Signature of Student

Signature of Guide/HoD

Signature of Coordinator

**Online Payment details, The Registrar, SB A/C:6059667020, Indian Bank, IFSC: IDIB000A005**

*<sup>#</sup>Note: Kindly acknowledge the facility utilized in publications and intimate to us*

*\*If samples are not to be discarded, please collect in person within two days after sending the results*