

LSCM Facility

Email: crf.lscm@iitrpr.ac.in , Phone-01881-23-2556

Mr. Farooq Ahmed (LSCM Operator)

Requisition Form No.

Date:

Section-A

- A. Name of User: _____
- B. Mobile No and Email ID: _____
- C. Department/Address of user: _____
- D. Supervisor/Designated person from organization _____
- (Please tick)**
- E. Category I Internal PhD Student/Project Student/TBIF ()
- Category II Consultancy work ()
- Category III External Academic User / Govt. R & D Labs ()
- Category IV Industry User ()
- F. Number of Slots required []
- G. Total Amount (Rs.) [As per Annexure I] _____

Signature of User

Signature of Supervisor/Designated person

[For Internal Users Only]	
Institute Budget { }	From any other source Scheme / external projects within the Institute { }
Budget Head: Noted in budget Sheet vide Sr. No..... Dated..... (No GST will be charged. Only respective budget will be reduced with sample charges as applicable)	Scheme / Project No Principal Investigator (No GST will be charged. Applicable Sample Charges will be deposited in "IIT Ropar Revenue Account, A/c No. 37360100716, IFSC-SBIN0013181, Rupnagar (Punjab)
Dealing Assistant HoD	Dealing Assistant Supervisor/PI
[For External/TBIF Users Only]	
Bill in favor of (with complete address) GST no (If any)State..... Transaction details (As per Annexure-1) Amount deposited vide UTR/ref no _____ dated _____ (Counterfoil attached)	
Signature of Depositor	
[CRF Office: Verified that job is completed]	
Lab. Assistant/Operator	Officer In-charge
[For use by Accounts Section after job is done]	
Amount credited in respective Equipment/Lab of CRF vide Sr. No. _____ dated _____	
Dealing Assistant	JAO/AO AR/DR (Accounts)

Charges & Payment Details for LSCM

Experiments: Each slot is of 2 hours	Internal Users		External Academic Users (Rs) With GST 18% Extra	Industry Users (Rs) With GST 18% Extra
	Phd/Project Student (Rs)	Consultancy work (Rs)		
Confocal Microscope	250	500	1500	4000
Live Cell Imaging (for 24 hours)	1000	2000	6000	16000

**** For External Users**

- **Additionally, 18% GST is applicable for TBIF and External Users as per GOI norms**
- Payment can be made through any mode to this account number such as NEFT/RTGS/UPI payment gateways/QR scanner

Bank Details for transfer of sample Analysis charges

Name of Institute	Indian Institute of Technology
Name of the Institute Account holder/Designation	Registrar, IIT Ropar
Bank Account Name	IIT Ropar Revenue Account
Type of bank Account	Saving Account
Complete Account Number	37360100716
RTGS/IFSC code of the Branch	SBIN0013181
MICR Code	140002008
Name of Bank	State Bank of India
UPI ID	theregistrar716@sbi



• **Checklist to be submitted:**

- Completely filled and signed Job Requisition Form
- Duly prepared Samples (or mention if preparation is reqd.)
- Self-addressed envelope with appropriate postal stamps (if invoice is reqd. by post)
- Proof of payment with transaction details

Section-B (Technical Details)

Name of the Equipment/Instrument – LSCM

(Available laser lines on Carl Zeiss LSM 880 confocal microscopes: UV laser kit (355 nm) Ar (458, 488, 514 nm); DPSS (561nm); He Ne (594 nm; 633 nm)

Nature of the Sample Measurement	
Fixed Cells/Tissue on the glass slide	()
Live Cells, If yes please mention Imaging Duration _____	()
Mounted material slides	()
Others	()
No. of samples	

Laser Source (Please tick) **UV laser kit (355 nm)** **Ar (458)** **Ar (488)** **Ar (514 nm)**

DPSS (561nm) **He Ne (594 nm)** **HeNe (633 nm)**

If other, then provide detailed description of the sample to be imaged

Additional information (if any)

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Number of samples

Fluorophores present in the slides with their Ex/Em max value

Facility required Confocal () FCS () Airyscan ()

No. of slots used	Charges per slot	Amount (Rs.)	GST (18%)	Total Amount (Rs.)

Declaration: I, _____, hereby declare that I have read and understood the instructions outlined below in Annexure-1 and 2 before submitting the samples and payments. I acknowledge that the samples being supplied for analysis are intended solely for academic and/or research and development purposes. I further confirm that the results of the analysis will not be used, under any circumstances, to settle or resolve any legal disputes or issues.

Signature of User

For CRF Office use

Job Requisition form no.	Job form Received on (Date)	Job Assigned To (Name)	Job completed on (Date)	Data files handed over to user	Log Book Pg No

Lab. Assistant/Operator

Officer In-charge

INFORMATION FOR USERS

Following guidelines help ensure a smooth and efficient process for sample analysis while maintaining safety and accountability in the laboratory

General Instructions

- Kindly discuss with operator about experiment details prior to filling the form and payment submission. Call the operator within working hours only.
- Please fill up the requisition form correctly. Incomplete form is liable to be rejected.
- Head of the Departments/Centers/Principal Investigators of the sponsored/Consultancy Projects are required to sign the form before submission.
- **Without submission of requisition form measurements will not be done.**
- Only users are requested to be present in person during assigned measurement slot.
- The users are not allowed to use the machine at their own under normal circumstances
- Users must adhere to laboratory safety protocols
- For visit to any lab, please contact Technical Officer, CRF, IIT Ropar or mail at crf@iitrpr.ac.in
- The user needs to inform operator at least 1 day in advance if they are not using the booked slot due to ANY reason
- **Sample Analysis:** Samples analysis will be conducted by JTS/TA on any working day starting at allotted slot.
- **Logbook Entry Requirements:** Users are requested to maintain a logbook entry as per the lab format mandatorily with signature upon completion of job.
- **Analysis Data:** Users are requested to collect their processed and raw data after analysis. Please bring your own working CD/DVD to take the data (Pen-drive/ external hard disk, etc., are not allowed).
- Sample collection after measurements to be arranged by users. Otherwise, samples will be discarded after one week.
- Kindly submit a self-addressed envelope with postage stamp if invoice required to be posted. Invoice may take a weeks' time to be sent.

Equipment Specific Instructions

- Address for sending samples by post:
**Mr. Farooq,
Room No-007,
LSCM lab, Ground Floor
CRF Building, IIT Ropar, Bada Phool, Rupnagar, Punjab-140 001**
- **Research publications emerging out of the LSCM facility, CRF at IIT Ropar must be duly acknowledged.**
- **Kindly share the publication details to crf@iitrpr.ac.in**
- Samples should be fixed and dry clean. It should be properly mounted/sealed between glass slide and cover-slip
- Sample slot time includes mounting, optimization, measurement and unmounting of sample.
- **The slot is of 2 hours and maximum 4 number of samples are allowed in a slot**
- **Repeat measurement on any sample will be considered as new/additional job.**