



National Liver Disease Biobank

(DBT-ILBS initiative for Research on Hepatitis C and Liver Diseases)

INSTITUTE OF LIVER & BILIARY SCIENCES

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SRF No.

Date:

SERVICE REQUISITION FORM

Name:			
Institute: Address:			
Contact No.:		Email:	
Project Title:			
Duration of Project: Abstract details(attached):			

Types of service required:

Storage & Analytical

<input type="checkbox"/> Rental spaces for research projects <input type="checkbox"/> -80°C <input type="checkbox"/> -198°C <input type="checkbox"/> -20°C	<input type="checkbox"/> Clinical trials, epidemiological studies	<input type="checkbox"/> Processing / Storage of samples	<input type="checkbox"/> Pathology validation services
<input type="checkbox"/> Custodial collection services	<input type="checkbox"/> Molecular and proteomic analysis	<input type="checkbox"/> Customized collection and/or processing services in the areas of DNA/RNA expression profiling	
<input type="checkbox"/> Intellectual services	<input type="checkbox"/> Mutational analysis	<input type="checkbox"/> Cytopathology	<input type="checkbox"/> Histopathology
<input type="checkbox"/> Customized datasets	<input type="checkbox"/> Tissue Microarrays	<input type="checkbox"/> NGS	<input type="checkbox"/> FACS
<input type="checkbox"/> DNA / RNA Extraction	<input type="checkbox"/> Genotyping	<input type="checkbox"/> Microarrays	<input type="checkbox"/> Any Other (Specify)

Specify Preferred Services

Biosamples

<input type="checkbox"/> Frozen Tissue	<input type="checkbox"/> Fresh Tissue	<input type="checkbox"/> FFPE Block	<input type="checkbox"/> Slides
<input type="checkbox"/> Plasma	<input type="checkbox"/> Serum	<input type="checkbox"/> PBMC	<input type="checkbox"/> RNA/DNA
<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Stool	<input type="checkbox"/> Biopsy of ____
<input type="checkbox"/> Buccal Swab	<input type="checkbox"/> Faecal	<input type="checkbox"/> Saliva	_____

Type of Samples Tumour/Diseased/Normal

Sub-types of sample (Disease Name): _____

Quantity of Samples: _____

Specify Preferred Services

Name & Signature with date:

Principal Investigator

Name & Signature with date:

Sample Handover by

Sig & stamp

Reviewed & verified by

Name & Signature with date:

Checked by/ Received by

Work done details:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Consigned to Courier/Self/Biobank staff

Name: _____

Sign & date: _____