



National Liver Disease Biobank

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

INSTITUTE OF LIVER & BILIARY SCIENCES

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SR No.

Date:

SAMPLE RETRIEVAL FORM

Name:			
Institute:			
Contact No.:		Email:	
Project Title:			

Required Sample Type _____

Type of Samples Tumour/Diseased/Normal

Sub-types of sample (Disease Name): _____

Quantity of Samples: _____

Purpose or Objectives: _____

Signature & Date: PI/Student/Researcher

Authorized Signatory (NLDB)

Details of Bio-samples to be transferred out of NLDB:

Sno.	NL No. & Lab No.	Aliquot No.	Sno.	NL No. & Lab No.	Aliquot No.
1			19		
2			20		
3			21		
4			22		
5			23		
6			24		
7			25		
8			26		
9			27		
10			28		
11			29		
12			30		
13			31		
14			32		

15			33		
16			34		
17			35		
18			36		
37			69		
38			70		
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40			72		
41			73		
42			74		
43			75		
44			76		
45			77		
46			78		
47			79		
48			80		
49			81		
50			82		
51			83		
52			84		
53			85		
54			86		
55			87		
56			88		
57			89		
58			90		
59			91		
60			92		
61			93		
62			94		
63			95		
64			96		
65			97		
66			98		
67			99		
68			100		

Name & Signature of Technician (Issue sample)

Sample received by Name & signature

Sign & stamp

Reviewed & verified by biobank manager