



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:			
Contact No.:		Email:	
Project Title:			

Type of service required

Research services

Researchers can access our following research services for their research.

<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

Biobanking Services

Sample Collection/ Deposition

Average size of tissue released is 5mm; whole blood released: 1.5 ml (1 tube); serum released: 0.5ml (1 tube) and plasma 0.5 ml unless specified.

<input type="checkbox"/> Frozen Tissue	<input type="checkbox"/> Fresh Tissue	<input type="checkbox"/> FFPE Block	<input type="checkbox"/> Urine
<input type="checkbox"/> Matched Plasma	<input type="checkbox"/> Matched Serum	<input type="checkbox"/> Buccal Swab	<input type="checkbox"/> Faecal
<input type="checkbox"/> Matched Normal Tissues	<input type="checkbox"/> Matched Whole blood		

Specify Preferred Services

Number of tissues requested: ____.

Rank your priority if more than two matched items are selected;

If you need Biosamples other than the listed names, please specify

Name, Signature & Date:

PI/User/Receiving technician

Sign & Stamp

Reviewed & verified by biobank manager

Consigned to Courier/Self/Biobank staff

Name:

Sign & date: