

**University Institute of Pharmaceutical Science
Panjab University, Sector-14, Chandigarh**

**CELL CULTURE FACILITY
SAMPLE ASSAY REQUEST FORM**

Name		Date	
Department		Name of faculty/ guide	
Institute/ Industry			
Complete address			
Email address		Mobile no.	
No. of samples			

Sr. No.	Type of assay	Preferred cell line	Media Requirement	Nature of sample	Solubility	Details of sample provided
1.						
2.						
3.						
4.						

User's Signature

Signature of Research Supervisor

Signature of
In-charge of Facility