

Institute of Bioresources and Sustainable Development

Next Generation Sequencing facility

Date _____

Name of the Indentor :

Concerned Scientist :

Organization & Contact no. :

Proposed date and time :

Brief description of the project/work :

S. No.	Sample Name	Concentration (ng/ul)	Volume	Type of sequencing (reads/ sample)	Sample details

(I/We take the responsibility to pay user charges as per the guidelines)

(Signature of the indentor)
Date:

(Scientist/Faculty)
Date:

(For facility use only)

Tentative Date :

Date of work done :

No. of samples done :

Report given on :

(Technical Staff)

(Facility In-charge)

