

## Requisition Form for Biolayer Interferometry (BLI)

Phone: 0129-2848626

### For Office Use Only

Lab code \_\_\_\_\_ MR code \_\_\_\_\_  
Remarks \_\_\_\_\_

User Name \_\_\_\_\_ Principal Investigator \_\_\_\_\_

Contact No. \_\_\_\_\_ Email ID \_\_\_\_\_

Name of Institute/Industry \_\_\_\_\_

Postal Address \_\_\_\_\_

Purchase Order No. \_\_\_\_\_ GST No. \_\_\_\_\_

Fee Remittance Details \_\_\_\_\_ Additional Information \_\_\_\_\_

### IMPORTANT INSTRUCTIONS

1. All buffers should be prepared in deionized water and degassed for 15 minutes.
2. Sample and buffer should be filtered through 0.22 $\mu$  filter unit.
3. Please ensure that proteins are not aggregated.
4. **Kindly provide your sample with completely filled sample submission form, duly signed by your PI/Person-in-charge.**

PS: It is advised to follow SOPs for the upstream experiments and the aforementioned instructions, in order to get good quality data and for better troubleshooting, if required.

### Sample information:

1. No of Proteins sample: (Ligand ) \_\_\_\_\_ (Analytes): \_\_\_\_\_

a) Ligand name : \_\_\_\_\_ pI of Ligand: \_\_\_\_\_

b) Conc. of Ligand: \_\_\_\_\_ ( working stock- 10-50ug/ml)

c) Tag in Ligand: \_\_\_\_\_ Nature of Ligand: \_\_\_\_\_

d) Name of Analytes: \_\_\_\_\_ Conc. of Analyte : \_\_\_\_\_

e) Molecular Weight of Analyte: \_\_\_\_\_

f) Nature of Analyte (Small molecule, aggregation, stability, solubility etc)

g) Name and pH of Buffer for Ligand immobilization:

h Type of running buffer: \_\_\_\_\_ pH: \_\_\_\_\_

i) Special requirement for running buffer ( additives): \_\_\_\_\_

2. **Experiment type:** ( please tick)      I. Binding (   )      II. Kinetics (   )

a) Loading (nM): \_\_\_\_\_

b) Chemistry of Immobilization: \_\_\_\_\_

c) Sensor Name: \_\_\_\_\_

d) Operating Temperature: \_\_\_\_\_

### 3. Buffer composition of Protein

a) Buffer \_\_\_\_\_ b) pH \_\_\_\_\_ c) Conc. \_\_\_\_\_

## PAYMENT DETAILS

(Payment to be done in advance through NEFT)

### Bank account information for funds transfer:

Account Name Executive Director, Regional Centre for Biotechnology (ATPC)  
Account No. 349301000047  
Bank Name ICICI BANK, Faridabad Branch, THSTI Building  
IFSC Code: ICIC0003493  
MICR Code 110229278

**GST No.:** 06AAAAR9016J1ZG

**Total Amount Paid** \_\_\_\_\_ **Transaction Reference No.** \_\_\_\_\_

**Date of Transaction** \_\_\_\_\_ **Payment Receipt Required in Favor of** \_\_\_\_\_

**Name and Signature of the Payer** \_\_\_\_\_

## UNDERTAKING

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement–

“This research work was carried out in part at the Protein Purification and Molecular Interactions Facility of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010).”

**Date**

**Signature of User**

**Signature of PI/Person-In-Charge**

### FOR OFFICE USE ONLY (ATPC FACILITY)

Date Received _____	Stored at _____
Received by _____	Signature _____
Signature of Approving Authority _____	

### FOR OFFICE USE ONLY (ACCOUNTS)

Amount Received _____
Name and Signature of person-in-charge, Accounts _____