



Cell and Tissue Culture Lab (CTCL) Service Application
Centre for Advanced Research in Sciences (CARS)
University of Dhaka, Dhaka-1000, Bangladesh

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Name of Teacher/Person	Dr. Arif
Department/Institute/Address	Cell Culture
Date of Requisition	2024-05-06
Services	(1) -80°C Ultralow Temperature Freezer with generator electricity backup to keep the freezing temperature always constant between -75°C and -80°C. Importantly, authority is not responsible for any kind of damage of your samples due to sudden machine failure. You have to remove the samples with short notice if servicing of the freezer is required. It will be charged every year until termination., (2) Other cell culture-based study
Additional Services/Consumables	test
Number of Samples	2
Sample ID	ss2
Sample Type	test
Sample Specification	na
Purpose	test
Which cell line you want to test	HeLa
Sample exposure	20% of sample directly
Incubation Time	48 h
Others	test
Category for Billing	Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Calculation of Bill	Cost will be calculated after consultation with Lab Incharge
Student/Person	tt1
Mobile No	2342
Email	test@gmail.com
Terms and Condition	To facilitate credit to the respective scientist, an acknowledgment/authorship must be included in a scientific article.
Confirmed Points	1. All the solvents and products are sterilized properly. 2. Appropriate control has been given. Usually, the solvent is used as a control in which the product is dissolved. 3. The color product is not appropriate for quantitative measurement. 4. Since the study is very expensive, laborious, and time-consuming, if you are not clear on this protocol, or if you have any questions/confusion, please visit the lab (CARS 605 or call 01729171710) before submitting this application. It is better if you make your study understandable to us so that we can perform it accurately in your desired way. 5. Please remember that after receiving your application, we will consider that you have understood our protocol and are ready to perform the study according to our protocol with the above specifications. After approval, you cannot make any further changes. Please consider it carefully.
Submission Date	2024-05-06

Signature of teacher/person requesting the service: -----

I hereby declare that I do/do not receive any foreign/local funding for my research (strike off as applicable).

Signature of teacher requesting the service -----

Recommendation from concerned chairman/director

I hereby attest the above declaration and recommend that the above analysis be billed under category -----

Name and Signature of Chairman/ Director (with seal): -----

Department/Institute: -----

Date:

(For use by the CARS):

Requisition book entry serial & date:

Date (s) analyses performed:

Total number of samples done:

Analysis log book entry serial & date:

Chief Scientist/Principal Scientist/Senior Scientist/Scientist/Analyst

Calculation of Bill: Yet to calculate

Bill number: ----- Date: -----

Principal Accounts Officer