SOPHISTICATED ANALYTICAL INSTRUMENTATION FACILITY (DST)

Department of Anatomy, All India Institute of Medical Sciences, New Delhi - 110 029 (Tel. 26588500,26588700.26588900. Extn. 3344/3568)

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PROFORMA FOR EXTERNAL USERS

Requisition Form for SEM TEM			IEM R	equisition No.					
a.	Name, Designation & Address of Chief Investigator with Telephone Number and Email ID								
b.		nation of user with nber and Email ID							
c.	Billing Head								
d.	Category-I	(Govt. Colleges & Universities)		(Please tick)	()			
	Category-II	(National Institutes support viz. CSIR, ICAR, DST, DB Non-Govt. Educational Inst	8)	()				
	Category-III	(Large and Small Scale Independent Pvt. Hospital and nursing he		,	()			
e.	Name of the Sp	Name of the Specimen/Tissue			from Animal/Plant/Human				
f.	Name of the fix	xative used	duration	Orientation required					
g.	Number of specimen to be processed for the proposed thesis/research work.		Total	Current			_		
h.	SAIF will be used for doing: i) Project research work ()		ii) Thesis wor	·k ()	(iii)	Diagnostic work ()		
i.	proposed Thesis/Dissertation work								
j.		NG : Please give details of pro							

Signature of Officer-in-Charge SAIF - AIIMS

course as a mandatory DST requirement.

Signature of Chief Investigator Date & Official stamp

Note: Ideally, perfusion fixation of tissue for EM should be done. In case of immersion fixation, minimal time should elapse between animal sacrifice/biopsy & fixation. Tissues should be cut into 1 X 1 mm thick pieces & fixed in 2.5% glutaraldehyde & 2% paraformaldehyde (PF), in 0.1 M phosphate buffer (pH 7.4) for 6-12 hr (depending on tissue type) at 4°C. For immuno-electron microscopy, samples must be fixed in 0.8% glutaraldehyde & 4% PF for 4 to 8 hrs. The fixed specimen should be transported in phosphate buffer.

A maximum of 20 samples per performa will be accepted. Samples will be received between 11.00 A.M. - 01.00 P.M. Booking for E.M. viewing will be done at the time of depositing the samples. Telephonic booking has to be confirmed by email.

Due acknowledgement be given to SAIF, AIIMS, in the research publication emerging out of the work carried out at this Facility. Please note that on receiving the full payment, the CD of your work will be handed over or sent by post.

FOR OFFICIAL USE ONLY

Requisition No Date												
A. Work Report : TEM												
S.No.	Sample received	Blocks prepared	LM Slide	Grids prepared	Grids stained/ Immunolabelled/ Negative stained on							
	Date No	Date No.	Date No.	Date No.	Date No.							
1.												
2.												
В.	Work Report : SEM											
S.No.	Sample received	Specimen prepared	CPD	Coating prepared	Image Analysis/EDS							
	Date No	Date No.	Date No.	Date No.	Date No.							
1.												
2.												
C.	. Allotment of time: TEM/SEM (HV/LV)											
S.No.	Date	Register Ref.	Hours.	No. of Images	Technical Support							
1.												
2.												
3.												
5.												
٦.												
D.	Billing Charges											
S.No.	Work done		Rate	Number	r Amount in Rs.							
1.	Specimen prepa	ration										
2.	E.M. Viewing t	ime										
3.	Image recording											
4.	EDAX/ IEM / I	mage Analysis										
	TOTAL:											
Date												

Officer-in-Charge SAIF, New Delhi **Technical Staff-in-Charge** SAIF, New Delhi