

CENTRAL RESEARCH LABORATORY

(Department of Biochemistry)

PG Sample Collection and Storage form

Investigator Name :	Guide Name :
Department :	Co-Guide (s) Name :
Year & Batch :	Department :
Contact No. :	

Thesis Title :

Total No. of Samples :	Probable time of course
Type of Sample :	of Sample collection :
Storage Condition :	Probable time of assay :
Duration of Storage :	

Parameters to be analyzed:

Special Test:

Test Name	Method	Kit Purchase date	Kit Expiry date

Signature of Investigator

Signature of Guide

Signature of CRL I/C

**Professor & Head
Department of Biochemistry**