



**CENTRAL INSTRUMENTATION FACILITY (CIF)  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Saket Nagar, Bhopal (M.P.) – 462020**

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**Requisition form for Central Instrumentation Facility (CIF) Test Booking form**

Date: \_\_\_\_\_

Name of User:

Designation of User:

Contact No.:

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

User: Please specify registration no/UID

**Samples should be sent to:** Central Instrumentation Facility (CIF), Department of Translational Medicine, III Floor, Sardar Vallabh Bhai Patel Bhawan, AIIMS, Bhopal, B h o p a l - 4 6 2 0 2 0 , Madhya Pradesh (India).

**Information of samples**

Details (Physical, Hazardous, others):

S.No.	Sample code/ID	Nature of sample (e.g., solid, liquid)	Type of the samples	Test to be performed	Remarks
1					
2					
3					

**Note:** Maximum limit of five samples per requisition form. If the sample(s) are hazardous to the personnel or equipment, kindly provide appropriate handling instructions. Kindly consult CIF for sample/sample preparation before bringing your samples for analysis. Attach an extra sheet for any additional information.



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**Undertaking**

- I/We undertake to abide by the safety, standard sample preparation guidelines and precautions during the testing of samples. I/We understand the possibility of sample damage during handling, processing and analysis. I/We shall not claim for any loss/damage to samples.
- CIF shall not take any responsibility for the analysis, interpretation and publication of data acquired by the end user.
- We agree to acknowledge CIF, AIIMS Bhopal in our publications, thesis, conference proceedings etc if the results from CIF instrumentation are incorporated/used in them. We agree that only raw data will be provided to the user. We further agree that data analysis and data interpretation will come under the scope of collaborative work with respective faculty-in-charge.
- I/We hereby declare that the results of the analysis will not be used for the settlement of any legal issue that may arrive as a result of publication etc.
- CIF, AIIMS Bhopal reserves the rights to return the samples without performing analysis under special circumstances.

Name and signature of the user

Name and signature of the supervisor/PI

Signature of the HOD with stamp



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**For office use only**

Lab reference no:.....      No. of samples:.....      Invoice/Receipt no:.....  
Samples received on:.....      Samples analyzed on:.....      Results delivered on:.....

Name and signature of operator

Name and signature of laboratory in-charge

Signature of the HOD with stamp