

Sl. No. _____

Date ____/____/____

Central Instrument Facility at Bose Institute Kolkata
Requisition Form for use of Confocal Microscope
(Please book 7 days in advance)

General information

Name of User _____

Department _____

E mail _____

Mobile No. _____

Signature of User _____ Signature of Guide /PI _____

Signature of Confocal Microscope In charge _____

Technical information

Proposed date of use ____/____/____ Time from _____ to _____
(DD / MM / YY)

Sample to be viewed _____

Nature of specimen Fixed mounted on slide Live cell

Objective lens magnification required 20 X 40 X oil 63 X oil 63 X water

Fluorescent dyes used

Dye	Excitation wave length	Emission wave length
	nm	nm
	nm	nm
	nm	nm

Comments and signature of Operator