

**Spectrofluorometer – Jobin Yvon- Fluoromax-4**

Name..... Date of sample submission.....  
Institution..... Faculty..... Dept.....  
Address.....  
Telephone / Mobile No..... Fax No..... Email.....  
Sample identification No.....  
No. of Samples ..... Project No. / Course No.....

1. I agree to acknowledge **Research Sector Projects Unit (GS 03/01)** in Annual Reports, Final Reports, Graduate student's thesis and generated publications. I also confirm that these analyses are consistent with the objectives of my on-going research projects / research. I agree to pay standard charges for analysis done for Non-RA funded project.

2. I agree to forward to the VDR-Science, any papers which may be published due to the usage of the instrument

Sample Hazard : ☐ Toxic ☐ Explosive ☐ Radioactive ☐ Flammable ☐ Non-Hazardous

P.I / Supervisor..... Signature of P.I.....

**Technique Required :**

☐ Emission Scan ☐ Excitation Scan ☐ TCSPC(Life time) ☐ Quantitative

**Emission Spectra**

Excitation $\lambda$ .....nm
Emission $\lambda$ range .....nm to .....nm
Spectral bandwidth Em .....nm Ex .....nm
Scanning speed .....nm /min

**Excitation Spectra**

Emission $\lambda$ .....nm
Excitation $\lambda$ range .....nm to .....nm
Spectral bandwidth Em .....nm Ex .....nm
Scanning speed .....nm /min

Exact Emission wavelength for doing TCSPC.....nm

Solvent : .....

Special instructions, if any .....

**ENDORSEMENTS**

Principal Investigator (VDR)	Co. Investigator (Head of respective Department)	Head of the requesting institutions for non-Faculty of Science.
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**FOR LAB USES ONLY**

Date: ..... Sample Received..... Analysed.....  
Technician.....

\* Please collect your samples within one week after collecting the results

\* For more information about RSPU facility: <http://histonano.com/rspu/>