



DBT-SAHAJ

VIRAL BIO-ASSAY FACILITY (VBaF)

INSTITUTE OF ADVANCED VIROLOGY, THIRUVANANTHAPURAM

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Virus PRNT Assay Sample Submission Form

1. Name of submitter:
2. Billing address:
3. Contact E-mail & Phone:
4. Date of Submission:

1. Sample Information

1. Number of Samples Submitted:
2. Sample Type: Antibody Compound Others (Specify)
3. Sample Concentration:
4. Solvent / Buffer Used:
5. Volume Submitted (μ L):
6. Storage Condition:
7. Biosafety Information (if any):

2. Virus & Assay Details Required

1. Virus Name / Strain: Dengue Virus Serotypes: 1 2 3 4
 Chikungunya Virus
2. Assay Type: PRNT assay

3. Special Instructions / Remarks, if any

Date:

Signature & Seal of PI / Authorized Person

Name:

4. Payment Details

Please see the assay format in the website:

Cat. No.	Cost	No. of samples	Total amount
PRNT-DV1-24W-8D	Rs. 25,000/-		
PRNT-DV2-24W-8D	Rs. 25,000/-		
PRNT-DV3-24W-8D	Rs. 25,000/-		
PRNT-DV4-24W-8D	Rs. 25,000/-		
PRNT-CHIKV-24W-8D	Rs. 20,000/-		
			18% GST
			Total Amount

NB: please verify the **Cat. No.** given in the website

Amount paid:

Transaction ID:

Date:

Account no	5513101003216
IFSC Code	CNRB0005513
Bank	Canara Bank

To be filled by the VBaF

Sample received date:

Sample condition on receiving:

Payment status:

Sample received by:

(Name & Sign)

Result sent date:

Result sent by:

(Name & Sign)

Remarks: