Analytical Service Requisition Form
Centre for Advanced Research in Sciences (CARS)
University of Dhaka, Dhaka-1000, Bangladesh

E-mail: cars@du.ac.bd, Fax: +88-02-9667222, Website cars.du.ac.bd

Name of Teacher/Person	Dr. Munim Ahmed
Department/Institute/Address	Dept. of Haematology, BSMMU, Dhaka
Date of Requisition	2024-08-22
Laboratory	Genetic Engineering and Biotechnology Research Laboratory (Contact with Lab In-Charge)
Service Name	DNA sequencing, per reaction (without data analysis)
Sample ID	S1 to S28
Sample Name	Sample
Number of Samples	28
Name of Elements	Human whole blood
Purpose	Research of TPMT genotype among ALL patients.
Category for Billing	Category C: Service to individual/consultant/institution/agency
Cost	Tk. 42000
Student/Person	Dr. Munim Ahmed
Mobile No	01972309355
Email	munim00@gmail.com
Submission Date	2024-08-22

Signature of teacher/person requesting the service: ----------

Recommendation from concerned chariman/director
I hereby attest the above declaration and recommend that the above analysis be billed under category ----------

Name and Signature of Chairman/ Director (with seal): ----------

Department/Institute: ----------
Date:

Centre for Advanced Research in Sciences (CARS), University of Dhaka reserves the right to accept or reject any service request without stating any reason thereof.

(For use by the CARS):

Requisition book entry serial & date:
Date (s) analyses performed:
Total number of samples done:
Analysis log book entry serial & date:

_____
Chief Scientist/Principal Scientist/Senior Scientist/Scientist/Analyst

Calculation of Bill: ----------

Bill number: ---------- Date: ----------

_____
Principal Accounts Officer

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