



**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

<b>Name of Teacher/Person</b>	Dr. M. Tarik Arafat
<b>Department/Institute/Address</b>	Dept. of Biomedical Engineering, BUET
<b>Date of Requisition</b>	2024-07-07
<b>Laboratory</b>	Cell and Tissue Culture Laboratory ( <a href="#">Contact with Lab In-Charge</a> )
<b>Service Name</b>	Determination of IC50 on a non-cancer cell line. (sterilized sample only) (Per sample, Single time study)
<b>Sample ID</b>	S1, S2
<b>Sample Name</b>	
<b>Number of Samples</b>	TA-HCL, TA-AA
<b>Name of Elements</b>	
<b>Purpose</b>	Determination of IC50 on non-cancer cell line
<b>Category for Billing</b>	Category C: Service to individual/consultant/institution/agency
<b>Cost</b>	Tk. 6300
<b>Student/Person</b>	Abdur Rahman
<b>Mobile No</b>	01628725490
<b>Email</b>	ab.rahmanzoo.bme@gmail.com
<b>Submission Date</b>	2024-07-07

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

Recommendation from concerned chairman/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:

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**(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