



**Centre for Advanced Research in Sciences (CARS)  
University of Dhaka, Dhaka-1000**

Ph: 966 1920-59/Ext. 4637; Email: [carsdu605@gmail.com](mailto:carsdu605@gmail.com); FAX: +88-02-9667222

**REQUISITION FORM FOR PROVIDING ANALYTICAL SERVICES (Cell & Tissue Culture Laboratory)**

Name of Teacher/Person requesting the service: .....

Department/Institute/Address: .....

Date of Requisition: ..... Email: .....

Services (please select your requisition)	Category A	Category B	Category C
1. <b>Qualitative measurement of cytotoxic effect on a cancer cell line</b> under a microscope. (the samples are needed to be sterilized)	Tk. 5000	Tk. 5500	Tk. 6000
	Per three samples, on single cell line		
2. <b>Qualitative measurement of cytotoxic effect on a non-cancer cell line</b> under a microscope. (sterilized samples only)	Tk. 5000	Tk. 5500	Tk. 6000
	Per three samples, on single cell line		
3. <b>Determination of IC<sub>50</sub> (half maximal inhibitory concentration) on a cancer cell line.</b> (sterilized sample only)	Tk. 5000	Tk. 5500	Tk. 6000
	Per sample, Single time study		
4. <b>Determination of IC<sub>50</sub> on a non-cancer cell line.</b> (sterilized sample only)	Tk. 5000	Tk. 5500	Tk. 6000
	Per sample, , Single time study		
5. <b>Determination of ED<sub>50</sub> (Effective dose for half of maximal response), LD<sub>50</sub> on a cell line.</b> (sterilized sample only)	Tk. 5000	Tk. 5500	Tk. 6000
	Per sample, , Single time study		
6. <b>Digital Microscopy</b> with inverted microscope for live observing and capturing images:	Tk. 200	Tk. 300	Tk. 400
	Per hour		
7. <b>Speed Vac</b> for vacuum concentration of DNA/RNA/phytochemical fractions in organic solution.	Tk. 1500	Tk. 2000	Tk. 2500
	Per hour		
8. <b>Absorbance reading @ wavelengths (200 - 999 nm.),</b> microplates (6- to 384- well plate).	Tk. 200	Tk. 300	Tk. 500
	Per plate		
9. <b>Luminometer</b> for measuring luminescent materials	Tk. 1500	Tk. 2000	Tk. 2500
	Per sample		
10. <b>Dry heating/cooling (-10°C to 100°C) block</b> suitable for 0.5 & 1.5 ml tubes.	Tk. 100	Tk. 200	Tk. 300
	Per hour		
11. <b>Centrifugation:</b> (a) Swing rotor (refrigerated; max. 50ml Falcontube, 5000 rpm) (b) Fixed Rotor (max. 1.5 ml, refrigerated 50ml Falcontube,15000 rpm)	Tk. 400	Tk. 500	Tk. 700
	Per 30 min		
12. <b>PCR</b> with UPS backup	Tk. 300	Tk. 450	Tk. 540
	Per run		
13. <b>-80°C Ultralow Temperature Freezer</b> with generator electricity backup to keep the freezing temperature always constant between -75°C and -80°C. <u>Importantly, authority is not responsible for any kind of damage of your samples due to sudden machine failure. You have to remove the samples with short notice if servicing of the freezer is required. It will be charged every year until termination.</u>	Tk. 400	Tk. 600	Tk. 750
	Per month for each box (81 holes).		
14. <b>Other cell culture based study</b>	Tk. 5000	Tk. 5500	Tk. 6000
	Per set of consumables		
15. <b>Nanopure water</b> (Media preparation, PCR grade)	Tk. 200	Tk. 350	Tk. 500
	Per liter		
16. <b>Using laboratory facilities of cell culture lab</b> (without using consumables).	Tk. 5000	Tk. 5500	Tk. 6000
	Per month		
17. <b>Additional services/consumables</b> (if required) a.	.....		

Name, ID & number of Samples: .....

Sample Specification (if applicable): ..... Purpose of the work: .....

Category for Billing Purpose (Tick one)

Category A: DU Teachers and Students doing M.S./M.Phil/Ph.D under DU

Category B: Foreign/local funded DU teachers/researchers

Category C: Service to individual/consultant/institution/agency

**For Contact:**

**Name:** .....

**Telephone/Mobile No:** ..... **Email:** .....

**SIGNATURE OF TEACHER/PERSON REQUESTING THE SERVICE** .....

**REQUIRED FOR CATEGORIES A & B:**

I hereby declare that I do/do not receive any foreign/local funding for my research (strike off as applicable).

Signature of Teacher Requesting the Service .....

**RECOMMENDATION FROM CONCERNED CHAIRMAN/DIRECTOR (with seal)**

I hereby attest the above declaration and recommend that the above analysis be billed under category .....

Name and Signature of Chairman/ Director: .....

Department/Institute: .....

**(FOR USE BY THE CENTRE)**

REQUISITION BOOK ENTRY SERIAL & DATE:..... DATE OF ANALYSES.....SAMPLE No.: .....

LOG BOOK ENTRY SERIAL & DATE:.....

Principal Scientist /Senior Scientist/Scientist/ Analyst

Billed Amount: ..... Bill Number: ..... Date: .....



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**Specifications for Cytotoxicity testing (Only for service numbers 1-5)**

Plate: 96/48/24/12/6 well plate

Cell: HeLa/Vero/BHK 21/Molt 4

Incubate: Overnight/24 h

Sample exposure: add 10%/ 20% of sample directly /after medium remove

Washing: No/ with PBS/with Media for 1/2/3 times (charge will be increased)

Incubated with medium: 24/48 h

Observation:

Comments (if any):

Date:

.....  
**Sign of the teacher**