



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

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: -----

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Principal Accounts Officer