



# BIOCYTE®

## INSTITUTE OF RESEARCH & DEVELOPMENT

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Date: -

### IN-VITRO TESTING REQUEST FORM

#### 1. Applicant / Investigator Details

- Name of Applicant:
- Designation / Course:
- Department / Institution:
- Contact Number:
- Email ID:

#### 2. Project Information

- **Title of the Research Project:**
- **Type of Study:**

Academic  PhD / M. Pharm / M.Sc  Sponsored / Industry

#### 3. Sample Details

- **Sample Name / Code:**
- **Nature of Sample:**

Plant Extract  Pure Compound  Synthetic Drug  formulation  Other: \_\_\_\_\_

**Solvent Used:** \_\_\_\_\_ **Concentration Range (µg/mL or µM):** \_\_\_\_\_

**Quantity Submitted:** \_\_\_\_\_ **Storage Conditions:** \_\_\_\_\_

#### 4. Analysis Required

<input type="checkbox"/> Authentication of Plant/Drug	<input type="checkbox"/> Extraction of Plant/Drug	<input type="checkbox"/> Phytochemical Screening
<input type="checkbox"/> Standardization of Plant/Drug	<input type="checkbox"/> Invitro Analysis	

#### 5. Analytical / Instrumental Analysis

\_\_\_\_\_

#### 6. In-Vitro Activity

<input type="checkbox"/> Anti-Cancer	<input type="checkbox"/> Brine Shrimp Lethality	<input type="checkbox"/> Anti-Oxidant	<input type="checkbox"/> Anti-Inflammatory
<input type="checkbox"/> Anti-Diabetic	<input type="checkbox"/> Anti-Microbial	<input type="checkbox"/> Anti-Malarial	<input type="checkbox"/> Anti-HIV
<input type="checkbox"/> Anthelmintic	<input type="checkbox"/> Immunomodulatory	<input type="checkbox"/> CAM Assay	<input type="checkbox"/> Anti-Urolithiasis
<input type="checkbox"/> Lipase Inhibition	<input type="checkbox"/> In-Vitro Wound Healing (Cell Line)	<input type="checkbox"/> In-Vitro Antimitotic	
<input type="checkbox"/> Other: _____			

#### 7. Declaration

I hereby confirm that the sample submitted is safe for laboratory handling and the information provided is correct.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

#### For Office Use Only

Received By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Remarks: \_\_\_\_\_