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BIOCYTE®

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Date: -

IN-VITRO TESTING REQUEST FORM

1. Applicant / Investigator Details

- Name of Applicant:
- College Name:
- Contact Number:
- Email ID:

2. 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:**

3. Analysis Required

☐ Authentication of Plant/Drug	☐ Extraction of Plant/Drug	☐ Phytochemical Screening
☐ Standardization of Plant/Drug	☐ Ayurvedic Formulation	☐ Physicochemical Study

4. Analytical / Instrumental Analysis

(UV / IR / NMR / LCMS etc.) :-

5. In-Vitro Activity

☐ Anti-Cancer	☐ Cytotoxicity	☐ Anti-Oxidant	☐ Anti-Inflammatory
☐ Anti-Diabetic	☐ Anti-Microbial	☐ Anti-Malarial	☐ Anti-HIV
☐ Anthelmintic	☐ Immunomodulatory	☐ CAM Assay	☐ Anti-Urolithiasis
☐ Lipase Inhibition	☐ *In-Vitro* Wound Healing (Cell Line)	☐ Insecticidal Activity	☐ *In-Vitro* Anti-Alzheimer
☐ Other: _____			

Note: We also provide In-Vivo activity studies.

6. MOU (Collaboration College / Institute)

☐ Yes ☐ No

If Yes, a 10% discount is applicable on sample analysis charges.

For Office Use Only

Received By: _____ Approved By: _____ Remarks: _____