Scopeful BioResearch(SBR) Private Ltd.

CIN U73100KL2017PTCO47792 KRIBS BIONEST

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GSTIN: 32ABCCS4193E1ZJ

Requisition Form

Requisition Form	
Customer Name :	
Designation :	
Institution :	
Contact details, Mobile No :	
Email ID :	
Date of sample submission :	
Type of sample (put tick mark) :	
food / food suppliments / beverages / oil / cream / energy booster / other Ayurvedic preparations	
Storage at :	
Invoice in the name of :	
Do you like to receive Email / SMS notifications regarding our upcoming Training programs and updates (put	
tick mark) : Yes / No	
If referred by a person mention the name (Optional) :	
Research / Analysis work details	
Number of samples :	
Name of samples / sample Code:	
Name of Analysis :	
Biochemical Analysis (put tick mark) :	
Moisture content pH Estimation of Protein by Lowry method Estimation of Protein by Bradford method	
Estimation of Carbohydrate Free Radical Scavenging activity Wet Lipid Extraction Dry Lipid Extraction	
Estimation of Aminoacid Estimation of Vitamin C Estimation of Flavanoid Estimation of Flavanol Estimation	
of Polyphenols Estimation of Reducing Sugar Protein Profiling	
Cell culture and Molecular Biology Studies (put tick mark) :	
Cell viability/ cytotoxicity (MTT Assay) Gene Expression Study Cloning and Transformation	
Microbial Analysis : Antibiotic Sensitivity Test	
Others:	
If analysis work to be done specific for any products please mention :	

Customer Signature

Terms and Conditions

- 1. The initiation of analysis will be done only after the advance payment.
- 2. Payment can be made through Net banking.
- 3. Time of completion of the study and issuing of report depends on duration of analysis.
- 4. All submitted samples should be non hazardous / non infectious to humans.
- 5. If any repetition comes, it will only be considered as new sample.
- 6. Once Paid, the amount will not be refunded.
- 7. After completion of your work, samples will be discarded. If samples to be handed over to the customer, at the end of the analysis, kindly mention in the requisition form.

I understood and accepted above mentioned terms and conditions. I acknowledge that all above mentioned things are true to my knowledge.

If any comments please mention here :

Customer Signature with date

For office use only

Sample Received by	:
Designation	:
Invoice number	:
Amount received with date	:
Comments if any	: