

Points to be considered:

- Students/ Research Scholars/ Post-Docs willing to avail the test services need to communicate through their supervisor through proper endorsements.
- The concentration for cytotoxicity screening by MTT and Alamar Blue assay needs to be specified by the user. Attached *Annexure I* of plate format needs to be filled by the user.
- The solubility of the test compound needs to be specified by the user, preferably not in DMSO.
- ROS estimation will be performed by spectrofluorimetry by using DCF-DA.
- For IC₅₀ tentative concentration range needs to be specified by the user.
- The results of Test Assay Nos. 1, 2, and 5 will be given in the form of absorbance measurements (in triplicate) and Test Assay Nos. 4 will be given in the form of fluorescence measurements (in triplicate).
- Trypan Blue assay will be performed by automatic cell counter and data will be given in form of % viable and % dead cells at given concentration in triplicate.
- The concentration of test compound needs to be specified by the user for uptake study. The cellular uptake will be assessed by fluorescent microscopy technique. Images of three fields will be available either at 10X or 20X (as per the user).
- Intracellular ROS estimation/ Intracellular uptake of fluorescent tagged drug/compound/nanoparticles can be performed by Flow cytometry and/ or confocal microscopy for which the user charges are mentioned on NIPER Website (<https://niperraebareli.edu.in/testfacility.html>).
- Data-analysis is not the part of the above test services. In case of any involvement of intellectual input and/or data analysis it will be treated as Consultancy Project on case to case basis.

Annexure I

	1	2	3	4	5	6	7	8	9	10	11	12
A	X	X	X	X	X	X	X	X	X	X	X	X
B	X											X
C	X											X
D	X											X
E	X											X
F	X											X
G	X											X
H	X	X	X	X	X	X	X	X	X	X	X	X

- Wells labeled 'X' will not be used for the study.



CONFOCAL MICROSCOPY FACILITY

ACCESS REQUEST FORM

(for external users)

Date and Time of Instrument use:

Name of the student and Designation:

Contact No.:

Name of Research Supervisor:

Department:

Have you used any type of Fluorescence Microscope before (Yes/No)	
Type of service requested (self-operation/technical assisted session/ data collection and interpretation)	

Sample Information:

Information on techniques to be used (select all that apply):

- Confocal Widefield Brightfield/Phase-contrast
 DIC Z-stack Others (Specify): _____

Excitation and Emission wavelength:

Type of cells/samples to be used (Live/Fixed):

Which type of microscope stage should be used for positioning samples (glass slides/culture dishes)?

Number of Samples (approx.):

In general, consumables are experimental specific; therefore, arrangements should be made by respective lab.

Signature of the external user



FLOW CYTOMETRY (CYTOFLEX) FACILITY
ACCESS REQUEST FORM
(for external users)

Date and Time of Instrument use:

Name of the student and Designation:

Contact No.:

Research Supervisor:

Department:

Type of service requested (self-operation/technical assisted session/ data collection and interpretation)	
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Sample Information:

Dyes/fluorochromes to be used with excitation and emission wavelength:

Brief nature of the experiment:

Sample type (primary culture/cell line):

Number of Samples (approx.):

In general, consumables are experimental specific; therefore, arrangements should be made by the respective lab.

Signature of the external user