

**National facility established in 1951**

**FORM-7**

**FOR VITEK 2 Identification (Recommended for Pharmaceuticals samples)**

**Before sending the samples, Please read guidelines carefully and then EMAIL us for quotation**

(Please fill the form, sign, print and submit hard copy/scanned hard copy)

**Craefully Select from following : (Plz contact us for clarity)**

Gram –ve rods/cocci [ ], Yeast [ ], Anaerobic [ ]

Gram + ve rods/cocci (Non- Bacillus) [ ], Only Bacillus [ ], Not sure about Bacillus/Non-Bacillus [ ],

**Guidelines**

\* VITEK 2 is recommended for pharmaceutical/clinical isolates only and not for natural environmental isolates.

\* VITEK 2 has separate cards for Bacillus and Other Gram positive bacteria, so choose option carefully.

\* VITEK-2 does not identify Fungus.

\* Passage should be 1/2/3/4/5 (after 5th passage, it will not be identified accurately).

\* Pure cultures on agar media/slant streaked within 24h on agar media is recommended.

\* If found as mixed type/contamination, it will be immediately returned to end user.

\* Liquid cultures will not be accepted.

**1. User information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Faculty/Scientist**  Prof./Dr./other |  | | |
| Address for correspondence |  | | |
| Address for tax invoice/bill  (if different than above) |  | | |
| Contact information  (STD/ISD code) | Tel, Mobile | Fax | Email (official/personal) |
| Researcher’s information  (If different than PI) |  | | |
| Number of samples |  | | |
| In which form? Slant/plate  (No liquid/broth cultures) |  | | |
| Payment details  (amount in DD/other mode should be as per quote) | Amount-  Bank details-  DD Number- Dated- | | |
| DD should be in the name of ‘Director, National Chemical Laboratory’, Payable at Pune. No cash/cheque. | | | |

**2. Sample information (fill all details)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Culture code (e.g. A1)** | **Growth conditions**  **(Medium, temp, time )** | **Gram’s nature**  **(For bacteria)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |

**We do not accept BSL-2 and BSL-3 category isolates.**

**Undertaking/Agreement**

I/We understood the norms and hence undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and NCIM will not be held responsible for loss/damage due to reason(s) beyond its control.

**Signature of Researcher (with date) Signature of Principal investigator/Guide, Head**

**(Date, seal/stamp)**

**FOR NCIM OFFICE USE ONLY**

**Received by- Received on-**

**Processed by - Approved by-**

**Results sent on-**

**Remarks, if any-**

For more information; visit NCIM webpage or email [ncim@ncl.res.in](mailto:ncim@ncl.res.in) or call at 020-25902670/2454.

Address: NCIM resource Centre, CSIR-National Chemical Laboratory, Dr. Homi Bhabha Road, Pune 411008, Maharashtra, India.