

SNPRC IMMUNOLOGY CORE LABORATORY
Flow Cytometry Service Request

PI:		Date:							
Location:		Contact Person:							
IACUC # :		Phone #:							
Biohazard App #:		e-mail:							
Grant/Account #:		Fax:							
Describe Experiment (in relation to flow cytometry):									
Date needed:	Aproximate time for samples arrival:								
Sorting	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes is answered, please, describe number of populations to be sorted (1-4), number of cells desired, etc, here:							
Biosafety level	BSL-2 <input type="checkbox"/> BSL-2 w/Enh precautions <input type="checkbox"/> BSL-3 <input type="checkbox"/>								
Require Data Analyses:	Yes, Print outs <input type="checkbox"/> XLS file <input type="checkbox"/> Print outs and XLS file <input type="checkbox"/> No, only FCS files (bring your pendrive or ext hard drive) <input type="checkbox"/>								
Number of tubes:	<input type="text"/>	Type of Sample:							
Cell number/tube:	<input type="text"/>	Lymphocytes, PBMCs	<input type="text"/>						
		Whole blood (ACK)	<input type="text"/>						
		Cell line (Size)	<input type="text"/>						
		Micro-organism	<input type="text"/>						
		Beads (Size)	<input type="text"/>						
		Other	<input type="text"/>						
Cell Origin:	Mouse <input type="checkbox"/> Human <input type="checkbox"/>	Non-Human Primate <input type="checkbox"/>	Other <input type="checkbox"/>						
Cell Source:	Freshly isolated Primary Cells <input type="checkbox"/>	Cultured cells <input type="checkbox"/>	Adherent Cells: <input type="checkbox"/> if Yes, have you used Trypsin? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does the sample contain any known infectious agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes is answered, please, list agent and provide pathogen registration or biosafety review documentation here:							
Where the cells genetically engineered? (i.e. transduced or transfected with adenovirus, lentivirus, retrovirus or other)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes is answered, please, describe and provide rDNA registration documents here:							
Fixed (1-2% formaldehyde):	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No is answered, please, explain why they cannot be fixed here:							
Other important consideration:	<input type="text"/>								
Number of Colors/ tube:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more <input type="checkbox"/>								
Fluorescence (emission) Dyes:	Proteins or molecules targeted								
	Tube 1	Tube 2	Tube 3	Tube 4	Tube 5	Tube 6	Tube 7	Tube 8	Tube 9
FL1 (520) (i.e. FITC)									
FL2 (554) (i.e. PE)									
FL3 (615) (i.e. PE-TXRD)									
FL4 (678) (i.e. PERCP)									
FL5 (667) i.e. PE-Cy5)									
FL6 (767) (i.e. PE-Cy7)									
FL7 (660) (i.e. APC)									
FL8 (755) (i.e. APC-H7)									
FL9 (719) (i.e. AF700)									
FL10 (455) (i.e. PacBlue)									
FL11 (500) (i.e. V500)									
FL12 (Not available)									
FL13 (525) (i.e. BV510)									
FL14 (605) (i.e. BV605)									
FL15 (650) (i.e. DAPI)									
FL16 (711) (i.e. BV711)									