



REQUEST FOR FLOW CYTOMETRY SERVICES

Name: _____ Lab: _____

Phone: _____ Email: _____ Office: _____

Experiment Name: _____

Experimental Purpose: _____

Operator: _____ Data Location: _____ Date collected: _____

Non-Sorting Applications:

- DNA Cell Cycle Analysis: PI: _____
- Immunophenotypic analysis: FITC PE PerCP APC Other _____
*If using others, extended prep time may be required. Please notify in advance.
- Immunofluorescence Analysis: FITC PE PerCP APC Other _____
VS. DNA PI _____
*If using others, extended prep time may be required. Please notify in advance.
- Other (Please describe): _____

Sorting Applications:

*Please note that there are certain limitations for sorting with the FACSCalibur. Please discuss options with a core employee before submitting.

- Analysis:**
- Cell Cycle Analysis
 - Fluorescence Regions
 - Other
 - Cell Cycle Analysis + sub G1 apoptotic
 - Immunofluorescence Quad Stats

Number of Samples: _____ Cell Type: _____

Are these cells fixed or viable? If viable, are they Biohazardous? NO YES

Please describe your fixation procedure: _____

Origin: Human Mouse Rat Other (please indicate): _____

