



Flow Cell Sorting Request Form

Desired Date and Time: _____

User: _____ Email: _____

PI: _____ MoCode: _____

Does this project have a current Institutional Biosafety Committee (IBC) approval?

Yes. IBC protocol number: _____

No. If no, the samples cannot be run until the IBC committee has approved the study.

Exempt. (No known infectious agents or exempt from IBC approval).

Cell Biosafety Information

Cell Type : Primary Cell Cell Line Bacteria Other _____

Species: _____

Cell / Tissue Source: _____

Do the samples contain any known infectious agents or other known human pathogens?

Yes No

If yes, list infectious agents or known human pathogens:

Note: The infectious agents/known pathogens must be listed on your IBC protocol.

Have the cells been transformed or genetically engineered using a viral system (e.g., EBV, HTLV-1, etc.) or recombinant DNA?

Yes No

If yes, was the original viral vector able to infect human cells?

Yes No

If yes, is it replication incompetent: Yes No

Are transduced cells passaged at least 3 times prior to analysis: Yes No

If using samples from a human donor, has the donor or sample been screened for blood-borne pathogens (e.g. HIV, HBV, HCV, etc)?

Yes No Not Applicable

Will the samples be fixed prior to use on the flow cytometry analyzers or sorter?

Yes No

If yes, describe the fixation method:



Sort Information

Please list the Fluorescent Proteins and Fluorescent Markers in your sample.
(Please Provide Unstained and Single-Color Staining Controls.)

Total number of samples for sort: _____

Please estimate the concentration of the samples: _____

Total volume in each sample: _____

Number of populations to sort per sample: _____

Please estimate the abundance of desired cells in total: _____

Minimum # of sorted cells desired: _____

The sample will be sorted into: Tubes 96-well plate

Please describe the application of sorted cells (ex, in vivo, culture, Protein, RNA):

Sorting buffer: _____

Collection Media: _____