



Flow Cytometry Request Form

Desired Date: _____ Cytometer Choice: Fortessa Aurora
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 and Biosafety Information

The Samples for analysis are BSL1 BSL-2*

* All BSL-2 samples and human samples MUST be fixed before running on the flow analyzers.

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:

Have the samples been fixed?

- Yes No

If yes, describe the fixation method:

Sample Information

Please list the Fluorescent Proteins and Fluorescent Markers in your sample (e.g., GFP, CD8-FITC).

Total Number of Sample tubes for Analysis: _____

Total Number of Control tubes for analysis: _____

(Please Provide Unstained and Single-Color Staining Controls.)

Please describe the acquisition details (threshold, FCS/SSC, recording number, etc)

