

This form must be filled out completely.

This will ensure a successful analysis of your samples and generation of high-quality data.

User: _____

Analysis Date: _____

Email: _____

Phone: _____

PI: _____

MoCode/PO #: _____

Department: _____

IBC Protocol #: _____

Biosafety information: The samples for analysis are: BSL-1 BSL-2 BSL-3*

* Analysis of BSL-3 samples requires a minimum of one-weeks' notice.

Cell Type: Bacteria Cell Line Primary Cells Other _____

Species: _____

Cell / Tissue Source: _____

Have the cells been infected? No Yes

If yes, with what? _____

Have the cells been fixed? No Yes If yes, what method? _____

Fluorophores / Fluorescent Proteins for Analysis (4 possible or 3 with bright field / phase contrast).

1. _____ 2. _____

3. _____ 4. _____

For each individual stain, fluorophore, or fluorescent protein in your experimental sample, please include a corresponding negative control (unstained sample) prepared exactly as the experimental sample but without the corresponding stain, fluorophore, or fluorescent protein. A single unstained control can serve as the negative control for all experimental samples.

Number and Type of Microscope Slides / Multiwell Plates for Analysis:

Total number of slides or plate wells for image analysis: _____ (e.g. 12 wells / plate)

Multiwell plate information (this information is critical for proper imaging):

Brand (e.g. Corning, Nunc): _____ Catalog number: _____ Number of Wells: _____

Duration for Kinetic / Time-Course Experiments: _____ hours (h)

What are your experimental goals and expectations for these image captures?

- Which image capture format best suits these goals (e.g., single frame captures, image montages, etc.)?
- Which Cellular Analysis metrics will generate relevant data for your goals (e.g., cell counts, sum area, etc.)?

Name (please print): _____

Date: _____

Principal Investigator Approval

PI Name: _____

I certify that the information on this form is correct and I approve of the work that is proposed.

Immunology Core Facility

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Infectious Disease Research

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[Immunology Core Facility](#)

Flow Cytometry Services

| Miltenyi MACSQuant 10 Flow Cytometer | Price |
|--------------------------------------|---------|
| MACSQuant 10 Setup Fee | \$25.00 |
| MACSQuant 10 Hourly Rate | \$60.00 |

Cell Sorting Services

| Miltenyi Tyto Cell Sorter | Price |
|-------------------------------|----------|
| Tyto Setup Fee | \$25.00 |
| Tyto Cartridge | \$100.00 |
| Tyto Hourly Rate BSL-2 | \$50.00 |
| Tyto Hourly Rate BSL-3 | \$100.00 |

Flow Cytometry and Cell Sorting Services

| Bigfoot Cell Sorter | Price |
|--|----------|
| Bigfoot Setup Fee | \$35.00 |
| Bigfoot Hourly Rate BSL-2 Sorting | \$90.00 |
| Bigfoot Hourly Rate BSL-2 Analysis Only | \$70.00 |
| Bigfoot Hourly Rate BSL-3 Sorting | \$165.00 |
| Bigfoot Hourly Rate BSL-3 Analysis Only | \$130.00 |

Imaging/Microscopy Services

| Lionheart FX Microscope | Price |
|--|----------|
| Lionheart Setup Fee | \$25.00 |
| Lionheart Hourly Rate BSL-2 Imaging (without facility operator) * | \$40.00 |
| Lionheart Hourly Rate BSL-2 Imaging (with facility operator) | \$80.00 |
| Lionheart Hourly Rate BSL-3 Imaging (with facility operator) | \$140.00 |
| Lionheart Hourly Rate BSL-2 Imaging (time-course / kinetic assays) ** | \$5.00 |
| Lionheart Hourly Rate BSL-3 Imaging (time-course / kinetic assays) ** | \$10.00 |
| Lionheart Hourly Rate BSL-2 Training | \$95.00 |

Consultation/Analysis/Specialized Training

| Provided by Immunology Core Staff | Price |
|--|---------|
| Consultation | \$41.50 |
| Data Analysis / Report Generation | \$41.50 |
| Mentored Training for Independent BSL-3 Lab Use*** | \$41.50 |