

UMMC Cancer Institute Flow Cytometry Core - FACSAria Cell Sorter

Name of investigator:.....

email:.....

Phone:.....

Type of samples to be analyzed (please indicate cell type(s) and size,
and fluorescent dyes used):.....

.....
.....
.....

Sorting parameters (please indicate the populations of cells you are
interested in collecting and if known the percentage of these cells in
the total population):.....

.....
.....
.....

Please indicate the type of sort:

Enriched Purified Single

Billing information

Principal Investigator:.....

Department:.....

Contact information:.....

I have IRB approvals for the projects.

I have followed all necessary Biosafety protocols.

I have read, understood and agreed to the terms and conditions of
usage of this instrument.

Signature.....

Date