

**UMMC Cancer Institute Flow Cytometry Core - BD FACSymphony**

Name of investigator:.....

email:.....

Phone:.....

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

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Please indicate who will be operating the BD FACSymphony system:

Investigator her/his self    Flow Cytometry Operator

**Billing information**

Principal Investigator:.....

Department:.....

Contact information:.....

**I have IRB approvals for the projects.**

**I have followed all necessary Biosafety protocols.**

**For investigators operating the BD FACSymphony themselves:**

**I have received necessary training on the BD FACSymphony analyzer.**

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

Signature.....

Date .....