FLOW CYTOMETRY EXPERIMENT RECORD

DATE/RESERVED TIME: _____

Principal Investigator: _____

Payment Source: _____

Account number / Activity number: _____

Signature: _____

Samples submitted by: _____

Number of samples: _____

Sample source: ☐ **Human** ☐ **Rat** ☐ **Mouse** ☐ **Other:** _____

Cell lines: _____

Tissues: ☐ **PBL** ☐ **Spleen** ☐ **Kidney** ☐ **Placenta** **Other:** _____

Sample number	Surface Marker(s) and Fluorochrome(s)

You can fill out this form digitally or by hand. Add a contact phone number to the field below.

Please use the backside if you need more space to explain your experiment.