

FACSria submission form

Contact Information			
Principal Investigator		Phone #	
Contact Person		Phone #	
Appointment Date/Time			

Description of Experiment	
Type of cells/Particles	
Pathogenic potential?	
Briefly explain the objectives:	

Sample #	Sample Name	Cell/volume	FL1	FL2	FL3	FL4
1						
2						
3						
4						
5						
6						

Sort Option (tubes)				
Sort	#1	#2	#3	#4
Criteria				
Target events				

Precision mode		Yield	
----------------	--	-------	--

Sort Option (Plates 6, 12, 48, 96)				
Sort	#1	#2	#3	#4
Criteria				
Target events/well				

Precision mode	
----------------	--