



Job Requisition Form (FACS Calibur)*

User Name: Contact: Email:

Dept.: Institute:

ID No.: PI: Email:

Preferred Date & Time: From: To: Duration:

Second Choice: From: To: Duration:

**Mode of data transfer: CD/DVD Data not required

Grant/PO for billing:

SAMPLE DETAILS:***

1. No of Samples:

2. No of cells per Sample:

3. No of events to record:

4. Relative size: <10 μ m 10-20 μ m >20 μ m

5. Sample type: Primary cells Cell line, Describe cell type:

6. Origin of cells: Human Mouse Rat, Other (specify):

7. Property of cell: Adherent Non-adherent, Other (specify):

8. Does the sample(s) contain any biohazard agent: Yes No Unknown

If yes, give details:

9. Genetic modifications (if any):

10. Possible hazard to user and precautions required:

* Submission of this form assures that the Principal Investigator has knowledge of the proposed research work and the information provided is correct)

** No other mode of data transfer except CD/DVD will be used.

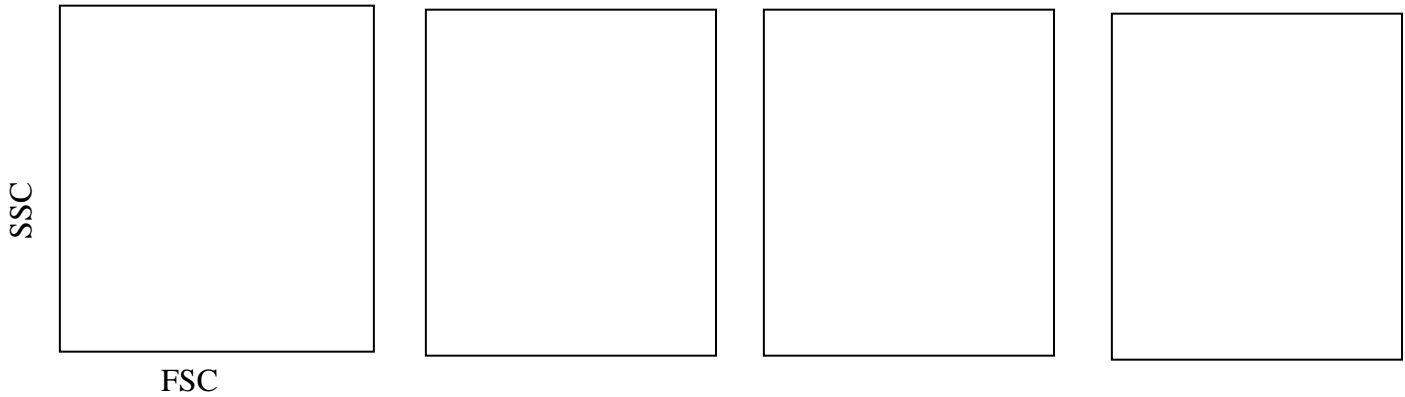
*** It is preferred that you will bring your samples as a single cell suspension. To ensure it, you should filter the samples prior to analysis. Unfiltered samples (clumps) may block the flow cell resulting in abortion of sample acquisition and it will hamper research work of other users. Bringing clumped cells repeatedly will restrict the user and may charge extra payment.

11. FLUOROCHROMES:

488nm(Blue) FL1: FITC Alexa488 Acridine Orange
FL2: PE PI
FL3: PerCP 7-AAD PE-Cy7 EtBr Fura red
635nm(Red) FL4: APC Cy5 Alexa647 DRAQ5

Other dyes (Please specify):.....

12. GATING DETAILS:



13. Other details (specify):

Signature (User) **Signature (Principal Investigator)** **Signature (Facility-in-Charge)**

ACQUISITION DETAILS

No of Samples: **Date:** **Duration:**
User fee:
Data received

Signature of User

Signature of Operator