

**FLOW CYTOMETRY FACILITY**  
**DEPARTMENT OF BIOTECHNOLOGY**  
**INDIAN INSTITUTE OF TECHNOLOGY MADRAS**  
**CHENNAI – 600 036**



**Job Requisition Form (FACS ARIA III)\***

User Name:  Contact:  Email:

Dept.:  Institute:

PI:  Contact:  Email:

Preferred Date & Time:  From:  To:  Duration:

Second Choice:  From:  To:  Duration:

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

Project No. for billing:

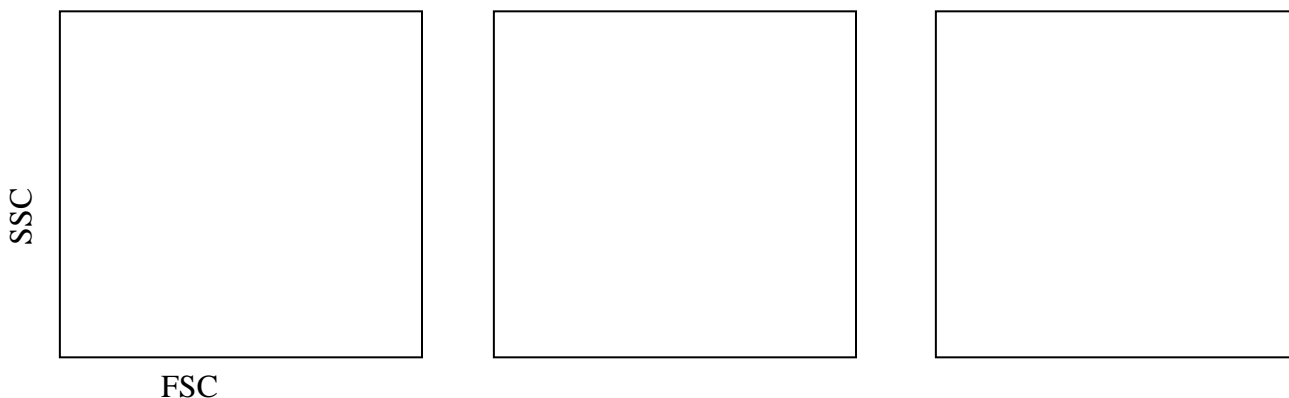
Budget Head:  Consumables  Contingency  Other, Please mention:

**FLUOROCHROMES:**

Laser	Filter
<b>375 nm (UV) or 405 nm (Violet)</b>	<b>450/40 nm (Hoechst Blue, DAPI), 510/50 nm (AmCyan), 575/26 nm (Qdot 565), 610/20 nm (Qdot 605), 660/20 nm (Qdot 655), 710/50 nm (Qdot 705), 780/60 nm (Qdot 800)</b>
<b>488 nm (Blue)</b>	<b>488/10 nm (SSC), 530/30 nm (FITC), 695/40 nm (PerCP)</b>
<b>561 nm (Ye-Gr)</b>	<b>582/15 nm (PE, DsRed), 610/20 nm (mCherry, PE-TexasRed, PI), 670/14 nm (PE-Cy5), 780/60 nm (PE-Cy7)</b>
<b>640 nm (Red)</b>	<b>660/20 nm (APC, Alexa 647), 730/45 nm (PerCP-Cy5.5), 780/60 nm (APC-Cy5, APC Cy7)</b>

**SORTING LOGIC / GATING DETAILS:**

(Please provide fluorescence patterns, gating parameters and hierarchy of target cells and subsets)



\* 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.

**SAMPLE DETAILS:\*\*\***

1. No of Samples:
2. No of events to record/ Sample:
3. Relative size:  <10µm  10-20µm  >20µm
4. Origin of cells:  Human  Mouse  Rat, Other (specify):
5. Sample type:  Primary cells  Cell line  Describe cell type:
6. Property of cell:  Adherent  Non-adherent, Other (specify):
7. Mode of disaggregation:  Mechanical dissociation  Trypsin  Collagenase/DNAse
8. Type of service required:  Acquisition only  Non-sterile sort  Aseptic sort
9. Carrier solution:  1xPBS  HEPES  Hanks  BSA  %FCS, Other \_\_\_\_\_
10. Temperature for sample to be collected:  4°C  Room Temp.  37°C
11. Collection container:  1 or 2 way sort:  5 ml tubes  15 ml tubes  
 3 or 4 way sort:  1 ml tubes  5 ml tubes  
 Plate:  96 well  48 well
12. Post-sort test required ?:  No  Yes
13. Does the sample(s) contain any biohazard agent:  Yes  No  Unknown
14. Ethical Committee Approval No.:<sup>##</sup>
15. Declaration by Principal Investigator:

This is to declare that the sample does not contain any biohazard/infectious compound which may cause potential threat to the user/operator during analysis. This study has been approved by concerned ethical committee.

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

<sup>##</sup>Please attach Ethical committee approval letter, if required.

<sup>\*\*\*</sup> 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/nozzle 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.