



FLOW & IMAGE CYTOMETRY SERVICE REQUEST FORM

Date: _____

Grant # (or PO #): _____ Authorized Signature: _____

Requester Name: _____ email: _____ Phone: _____

User Account ID: _____

PI Name: _____ email: _____ Phone: _____

Company Name: _____

Billing Contact Person: _____ email: _____ Phone: _____

Billing Address: _____

- Luminex** (attach Luminex User Request Form)
- FACS Sort** (attach Flow Cytometry Sort & Acquisition Request Form)
- Equipment Usage** (Flow Cytometers, Confocal, Live Cell, ImageStream, autoMACS) Usage Month: _____
- Custom Services (Specify):**