Flow Cytometry
Sort Request Form

To be filled out by facility operator:
Sorting date: _____
Time: _____
Instrument: _____

Date of Request: _____ Grant or PO # for billing: _____

1. Researcher name: _____ Phone: _____
2. Principle Investigator name: _____ Company: _____

3. Type of service required: □ Data acquisition only; □ Non-sterile sort; □ Aseptic sort

Fluorochromes:

FITC, Alexa488	□ PE	□ APC, Alexa647	□ PacBlue, V450, BV421	□ Hoechst
GFP	□ PE-Cy5	□ APC-Cy7, APC-H7	□ AmCyan, V500	□ DAPI
□ PerCP	□ PE-Cy7		□ L/D Violet	
□ 7-AAD			□ Dye Cycle Violet	

Other (please specify): _____

4. Have the cells been evaluated on the Aria sorters before? No; □ Yes: Aria I or Aria II (circle all applicable)
5. Number of samples to be analyzed/sorted: _____
6. How many cells to record for analysis files: _____
7. Estimated total number of cells you are bringing to sort - per sample: _____

Remember: regular sorter speed is ~20x10^6 cells / hour. Use this number to estimate the duration of the sort. Large sample sorts can be accommodated by prearrangement with the operators.

8. Number of populations to sort per sample: □ 1; □ 2; □ 3; □ 4
9. Estimated starting frequency of the populations of interest: _____; _____; _____; _____;
10. Minimum number of cells to be recovered (for each population): _____; _____; _____; _____;
11. Collection criteria:
    Temperature for sample to be sorted: □ 4°C; □ room temp; □ 37°C.
    Temperature for the sorted sample: □ 4°C; □ room temp; □ 37°C.
12. Collection container: □ Tube; □ Slide; □Plate (wells/plate): □ 6; □ 12; □ 24; □ 48; □ 96
13. Relative Cell Size: □ <10 µm; □ 10-20 µm; □ >20 µm.
14. Sample Type: □ Primary cells; □ Cell line. Cell type (describe): _____
15. Cell origin: □ Human; □ Mouse; □ Rat; □ Other (please specify): _____
16. Will the samples be fixed prior to submission to flow cytometry core laboratory? □ Yes; □ No.
    If yes, describe the fixation method i.e. formaldehyde etc.: _____
17. Are the cells an adherent line: □ Yes; □ No.
18. Were the cells treated with Trypsin? □ Yes; □ No. If yes, trypsin is inactivated with: _____
19. Was the sample treated with DNase? □ Yes; □ No.
20. Has this protocol been reviewed by the Institutional Biosafety Committee? □ Yes; □ No
    (If yes, BSL approval number and date of approval): _____
21. Does the sample contain any known infectious agent(s) □ Yes; □ No; □ Unknown
    If yes, please specify: _____
22. Were the cells transformed using a virus such as EBV, HTLV-1, herpes saimirii, or other virus?
    □ Yes; □ No; If yes, please specify: _____
23. Were cells genetically engineered? □ Yes; □ No;
    If yes was a virus (adenovirus, retrovirus, lentivirus, herpes virus, etc.) used to transfer genetic information to the cells? If yes, describe method in detail, attach vector map and show packaging of cell line.
24. Have the cells been transfected or infected with a virus, nucleic acid or virus vector or other pathogens?
    □ Yes; □ No; If yes, please specify: _____