

Cytometry Research, LLC

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Contact: _____

Organization: _____

Telephone: _____

Fax: _____

PO#: _____

Office use only

Date: _____

Appt Time: _____

Arr Time: _____

Sample Receipt

Condition: Good Damaged

Temp: Room Cool Frozen

Rec'd by: _____

CELL SORTING

Cell Type

- Mammalian
 Human
 Plant
 Bacteria
 Other _____

Conditions

- Sterile Fresh
 Non-sterile Fixed
 Infectious
 Biohazard

Fluorochrome/Conjugate Selection

- FITC 7AAD CYCHROME
 PE PI H2DCFDA (DCF)
 PE-CY5 CY3 GFP
 PE-CY7 DHE Alexa 488
 PerCP Other _____

of Subpopulations to be Sorted

- 1 3
 2 4
 Other _____

_____ Number of Samples

_____ Million Cells/Sample

_____ Concentration of Sample (Cells/mL)

Storage of samples (if necessary):

- Refrigerator (2°C - 8°C)
 Freezer (-15°C - -25°C)
 Freezer (-70°C - -80°C)

Analysis Performed By: _____

Time/Date

Analysis Reviewed By: _____

Time/Date

CELL ANALYSIS

Cell Type

- Mammalian Fresh
 Human Fixed
 Plant
 Bacteria
 Other _____

Experimental Controls

- Unstained Cells
 Isotype Control
 Positive Control
 Negative Control
 Other _____

Fluorescent Probes

- FITC 7AAD CYCHROME
 PE PI H2DCFDA (DCF)
 PE-CY5 CY3 GFP
 PE-CY7 DHE Alexa 488
 PerCP Other _____

Temperature Requirement

- 4°C
 Room Temperature

Cell Disposition

- dispose return

Analysis Type/Category

- Cell surface receptor expression
 Immunophenotyping
 DNA cell cycle/ploidy
 Viability assay
 Apoptosis assay
 Cytokine expression
 Intracellular assay detection
 Electro-permeabilization quantification
 Proliferation assay
 Oxidative cell measurement

_____ Number of Samples

List any special instructions on back.

Cell Culture Services

Cell Type
 Mammalian
 Human
 Plant
 Bacteria
 Other _____

Conditions
 Sterile
 Non-sterile
 Infectious
 Biohazard

Media/Protocol Instructions (attach extra pages as necessary)

Data/Report Instructions

Delivery - check all that apply
 Fax to _____
 Email to _____

Storage - maintain a copy at Cytometry Research
 30 days
 90 days
 1 year
 None

Output check all that apply (Additional Charge Applies)
 ZIP Disk
 CD
 Print Copy

Special Instructions

Authorization

Cytometry Research is authorized to perform the services outlined in this order. I certify that the cells contain no infectious or hazardous Materials. If there are any questions regarding these instructions, please contact me at the number located on the front of this form.

_____ Authorized Signature

_____ Request Date

_____ Completion Date