



FLOW CYTOMETRY CORE INFORMATION SHEET

Project Title:		
Principle Investigator (PI):		
Email & Phone Number:		
Company/Institution:		
Billing Contact:	Name:	Email:
Billing Address:		

Sample Source:						
	Human	Primate	Mouse	Rat	Bacteria	Other

Tissue(s):		
Cell Line(s): <input type="checkbox"/> List:		

Are the samples fixed? Yes No

Were the samples treated with any pharmacological agents? Yes No

Does the sample contain any known infectious agent(s)? Yes No

Fluorochromes used in this experiment (check all that apply)

FITC PE-Cy5 APC-Cy7 GFP PerCP-Cy5.5 A647-Cy7

PE PE-Cy7 DAPI PI APC Hoechst PE-TxR Alexa647 Qdot

PerCP Alexa700 Other _____