

UNIVERSITY OF CALGARY FLOW CYTOMETRY FACILITY
Submission's form

PRINCIPAL INVESTIGATOR: _____

INSTITUTE: _____

Dept. Name &. Code #: _____

Project #: _____ Account #: _____ Fund #: _____

Requisitioner's Name: _____

Room Number: _____

Telephone No: _____

Email Address: _____

(Address to where files should be sent)

Date/Appointment Time: _____

Number of samples: _____

Sample Description: _____

(eg. murine lymphocytes)

Viability Assessment: Y _____ N _____ %viability _____

Fixed: Y _____ N _____

Permeabilized: Y _____ N _____

Assay Description: _____

(e.g. apoptosis) _____

Antibodies: ***How many colors? *What are the Fluorochromes?**

Data analysis required: (please be specific)

Additional information:
