

SUBMISSION FORM

PRINCIPAL INVESTIGATOR _____

INSTITUTION _____

Dept. name & code _____

Project # _____ Account # _____ Fund # _____

REQUISITIONER'S NAME _____

Building/room # _____ Telephone # _____

Email address (*where files will be sent*) _____

Date/appointment time _____

Number of samples (**including controls**) _____

Sample description (*e.g., murine lymphocytes*) _____

Assay description (*e.g., apoptosis, cell cycle etc.*) _____

SAMPLE DETAILS

Viability assessment %viability _____ Fixed Permeabilized

Viability dye (or other intracellular dyes) _____

Antibodies/fluorochromes (colours):

Data analysis required (please be specific) _____

Additional information _____

Experimental controls required: unstained cells (1 tube); isotype controls (1 tube for each fluorochrome); compensation controls (single-colour – 1 tube for each fluorochrome).

Please filter cell samples that may contain clumped cells or a lot of cellular debris!

UNIVERSITY OF CALGARY – FLOW CYTOMETRY FACILITY

Date acquired	Instrument
----------------------	-------------------

Tube #	Tube label	Tube #	Tube label
1		36	
2		37	
3		38	
4		39	
5		40	
6		41	
7		42	
8		43	
9		44	
10		45	
11		46	
12		47	
13		48	
14		49	
15		50	
16		51	
17		52	
18		53	
19		54	
20		55	
21		56	
22		57	
23		58	
24		59	
25		60	
26		61	
27		62	
28		63	
29		64	
30		65	
31		66	
32		67	
33		68	
34		69	
35		70	