



Cell Sorting Request Form

Requestor Name:

Email:

Phone#:

PI Name:

Department:

Grant Number or Department Billing Code:

Requested Date (and time window) for Sort:

Alternate Choice:

Sample Information:

Species of origin:

Are these primary cells?: Yes No

Cell Type (i.e. lymphocyte etc):

Cell size in microns if known

Biosafety level (radioactive samples or BSL3 are NOT acceptable)

BL1 BL2 BL2+

Hazards/Infectious Agent(s): Please list agent(s), and provide information on handling requirements and information in the event of an accidental exposure:

Number of samples to sort:

Cell concentration per sample:

% of target cell population(s) that fit sort criteria:

Total cell # you wish to collect:

Minimum # cells you can use:

Fluorochromes/antibodies:

Collection format:

Bulk: 12X75 15mL conical 1.5mL PCR/Eppendorf

Microtiter plate: 384well 96 well 48 well 24well

other (slides, custom containers, please indicate)

Purpose of sort (sterile culture, RNA extraction, etc):

Special Instructions: