

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 _____

Fluorochrome/Conjugate Selection

- FITC PerCP GFP
- PE 7AAD Alexa488
- PE-CY5 PI PE/Texas Red
- PE-CY7 CY3
- 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)

Conditions

- Sterile Fresh
- Non-sterile Fixed
- Infectious
- Biohazard

of Subpopulations to be Sorted

- 1 3
- 2 4
- Other _____

Analysis Performed By: _____

Time/Date _____

CELL ANALYSIS

Cell Type

- Mammalian
- Human Fresh
- Plant Fixed
- Bacteria
- Other _____

Fluorescent Probes

- FITC PerCP GFP
- PE 7AAD Alexa488
- PE-CY5 PI PE/Texas Red
- PE-CY7 CY3
- Other _____

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

Analysis Reviewed By: _____

Time/Date _____

Experimental Controls

- Unstained Cells
- Isotype Control
- Positive Control
- Negative Control
- Other _____

Temperature Requirement

- 4°C
- Room Temperature

Cell Disposition

- dispose return

_____ 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 _____

Output check all that apply (Additional Charge Applies)

- ZIP Disk
- CD
- Print Copy

Storage -maintain a copy at Cytometry Research

- 30 days
- 90 days
- 1 year
- None

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