**CCRF FACS Facility Sorter/Analyzer Requisition Form**

|  |  |
| --- | --- |
| Name of user |  |
| PI Name | Drop down box |
| Date Requested |  |
| Time Slot Requested |  |

|  |  |
| --- | --- |
| Type of cells and tissue of origin | Human/Animal/Cell line?: Please specify |
| Safety Level | BSL 1/2/3 |
| Will samples contain potentially infectious organisms? | Yes/No (If yes please specify the organism) |
| Will samples contain recombinant DNA? | Yes/No (If yes please specify the vector used) |
| Have cells been infected with retroviral or lentiviral vectors? | Yes/No (If yes, type and generation of vector used) |
| Are exogenous genes being overexpressed in these cells? | Yes/No |
| If Yes, are these genes oncogenes or toxins? | Yes/No (Mention the specific gene) |
| Has institute biosafety clearance been taken for using these agents? | Yes/No (Provide details) |
| Approximate Size of Cells |  |
| Required Nozzle Size |  |
| Number of samples |  |
| Approximate Number of events to be collected per sample |  |
| Fluorochromes to be used |  |