

3. IFC SORTING FACILITY: BOOKING FORM

Name: _____

Lab: _____

Institution: _____

PI: _____

Tel: _____

Email address: _____

Booking day _____

Booking hours _____

Brief description of the cells that need to be sorted:

-organism of origin: _____

-goal of the experiment: _____

-fluorochromes and labeling method: _____

-n° of samples: _____

-n° of cells and concentration: _____

-% of cells positive to each fluorochrome:

-n° and type of control samples: _____

-size of collection tube: _____

Additional instrumentation required to perform the sorting experiment:

Tissue culture hood yes no

Centrifuge yes no

Water bath yes no

NOTES:

-before being subjected to sorting, the sample **MUST** be filtered. The cost of the filters is included in the service, as well as that of standard collection tubes and that of tips of all sizes;

-the sorting service does **NOT** cover for: plates, flasks and additional disposable material that is eventually necessary to handle the biological samples;

-the access to the room where the sorter is located is granted only to users that wear **GLOVES** and **LAB COATS**.