

Registration Form for Cell Sorting UNIFR

Please fulfill this form with as much information as possible and send it after online calendar check on Open Iris to sarah.cattin@unifr.ch. We will get back to you to fix a meeting or to validate your booking slot.

Customer Name		Phone		
Department		E-mail address		
Group Leader		Date of sorting		
Number of samples to sort (without controls)		Experiment name		
<u>Short description of the samples/experiment</u>				
Sample type	Human <input type="radio"/>	Animal <input type="radio"/>	Primary Cells <input type="radio"/>	
			Cell Line <input type="radio"/>	
			Others	
Sample fixed	Yes <input type="radio"/>	No <input type="radio"/>	If yes, with what?	
Sample infected	Yes <input type="radio"/>	No <input type="radio"/>	If yes, with what and when?	
Sample genetically modified	Yes <input type="radio"/>	No <input type="radio"/>	If yes, with what?	
Biosafety level	BSL-1 <input type="radio"/>	BSL-2 <input type="radio"/>	Are there any infectious agents in your sample?	
Total number of cells in the sample	cells		Cell concentration cells/ml	
Fluorochromes and antibodies used				
Sort parameters	way -Tubesort		Approximate cell size	
	wells - Platesort			μ M
Population to sort		Approximate % of total population	Desired number of sorted cells	
Requirement of sterility	Sterile <input type="radio"/>	Not sterile <input type="radio"/>	Use of the sorted cells (culture, extraction)	
Additional Notes and invoice address				

I have read the formulary carefully and certify the information provided to be correct

Date and Signature