Registration form - CAF

Please fulfill this form and send it to sarah.cattin@unifr.ch in order to get an appointment and obtain access to the facility.

Full Name

Phone

Email

Group leader

Department

Institution/Company & Address

Do you have previous experience with Flow Cytometry ?

☐ **Yes** ☑ **No**

How would you define your level of expertise with Flow Cytometry?

☑ **No experience** ☐ **Some knowledge** ☐ **Quite confident** ☐ **Expert**

Describe in few words your previous experience and when it was (if applicable):

For which technology do you request a training or instrument access?

☐ **Flow Cytometry**
- ☐ **Conventional**
- ☐ **Spectral**
- ☐ **I don't know**

☐ **Luna-II cell counter**

☐ **10x scRNA library preparation for sequencing (autonomous usage)**

For which service do you request booking or access (executed by the CAF)?

☐ **Cell sorting**

☐ **DNA/RNA sample QC**

☐ **10x scRNA library preparation for sequencing (service)**

Do you know on which specific flow cytometry instrument you want to be trained ?

☐ **BC Cytoflex S (conventional with plate loader, 4 lasers, 13 colors)**

☐ **BD LSR Fortessa (conventional, 3 lasers, 11 colors)**

☐ **Attune NxT (conventional with plate loader, 4 lasers, 13 colors)**

☐ **Cytek Aurora (spectral with plate and rack loader, 5 lasers)**

☐ **I don't know yet**

Decribe in few words your actual needs (application, type of sample, number of colors,...):

I have read carefully and filled correctly this formulary. I certify the information provided to be correct, as they will be used for futur invoices.

Date & Signature