

## Request for use of shared Flow Cytometry Instrumentation

Please complete and return this form to Jean-François Mayol in order to obtain access to the flow cytometry resources of the Flow Cytometry Facility of the University of Lausanne. After returning this form, your request will be processed and someone will contact you to schedule a training session. Once completed you will get a login to the online booking system. For more information on available instruments or our local biosafety policy please visit our website.

### Personal Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Business Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

Department: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Billing Address: 

University of Lausanne  
Flow Cytometry Facility  
Jean-François Mayol  
Chemin des Boveresses 155  
1066 Epalinges

E-Mail: jean-francois.mayol@unil.ch

Mobile: +41 77 500 74 89

Fax: +41 21 692 5995

Website: www.unil.ch/fcf

### Access Request

#### Facility Resources in Epalinges

- ☐ Cytex Aurora
- ☐ Imagestream
- ☐ CytoFlex
- ☐ LSR-II/Fortessa

#### Facility Resources at Agora

- ☐ Fortessa
- ☐ Gallios
- ☐ Symphony
- ☐ CytoFlex
- ☐ Sony SH800

Please provide some information about the applications (e.g. CellCycle) and sample types (e.g. Human PBMC's) you plan to use the flow cytometers for. Please also state the number and kind of fluorochromes you'll need to use simultaneously and if you already have any previous experience in using flow cytometry.

### Agreement

With my signature, I confirm the accuracy and completeness of the information I have provided above.

By completing and submitting the authorized form to the Flow Cytometry Facility (FCF), I agree to accept the billing policy for using the instrumentation provided by the FCF and ensure that any samples run on comply with the FCF Biosafety policy.

Moreover I understand that it is my responsibility (as user) and that of my Principal Investigator or the Department Administrator to notify the FCF of changes in the user accounts or the Billing information to the FCF.

User

Group Leader / Principal Investigator

Date: 

Date: 

Signature \_\_\_\_\_

Signature \_\_\_\_\_