

## 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 : \_\_\_\_\_

Access to the FCF from (dd/mm/yyyy) : \_\_\_\_\_ to : \_\_\_\_\_

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

Website: www.unil.ch/fcf

### Access Request

#### Facility Resources in Epalinges

- Cytex Aurora       Imagestream  
 CytoFlex       LSR-II/Fortessa

#### Facility Resources at Agora

- LSRIIs / Fortessa       Gallios  
 Symphony       CytoFlex  
 Sony SH800

- Please add my email address to the FCF mailing list. You can contact Jean François Mayol to unsubscribe at any time.

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

Date:

Signature \_\_\_\_\_

Group Leader / Principal Investigator

Date:

Signature \_\_\_\_\_