Flow Cytometry Facility – University of Lausanne

REGISTRATION FORM FOR FLOW CYTOMETRIC CELL SORTING

Population 6



Please submit the completed from to the FCF Epalinges team (romain.bedel@unil.ch, francisco.saladeoyanguren@unil.ch, kevin.blackney@unil.ch) or the FCF Agora team (danny.labes@unil.ch, mariela.castelblancocastelblanco@unil.ch). Only BSL1 and 2 samples are allowed to be sorted at the FCF.

1. Client information								
First name, Last name					Billing			
E-mail				addres	S			
Phone number								
Group leader (PI)								
Organisation								
2. Decomposition describe								
2. Reservation details								
3. Sample specification								
Species			Primary cells	☐ Cell line		Details (e.g. cell line nan	ne, tissue p	reparation)
Sample containing potential pathogens If yes, please specify:								
Sample genetic				If yes, please specify:				
Biosafety level			Additional Info					
Number of sam	nples	Cell	number per sample	*	10 ⁶	Cell concentration	*	10 ⁶ /ml
4. Staining								
Antibody specificity		Fluorochrome		Antibody specificity		Fluoro	Fluorochrome	
DNA/RNA staining				Fluorescent proteins				
Live/Dead staining				Other fluorescent compounds				
5. Sort parameters								
Temperature during sort Downstream application								
Requirement for sterility (e.g. RNAseq, cell culture, western blot)								
6. Target populations (If available attach the sorting scheme including FCS/SSC, fluorescence patterns and gating hierarchy)								
- ranget pop							ang merurc	·· <i>yr</i>
	% of targe population		# cells needed ole after sort	Population		tion D4+ CD25+ CD127- CD8 [.])	Collection into
	population	i iii saiiik	ne alter Suit	(e.g. CD45†	CD3+ C	D41 CD231 CD127- CD8	7	
Population 1								
Population 2								
Population 3								
Population 4								
Population 5								