

McGowan Institute for Regenerative Medicine
Flow Cytometry Facility
Analysis Requisition - FACS Aria II

Scheduled Date:	PI:	FACS Folder:
Scheduled Time:	Phone:	Exp't Name:
Researcher:	e-mail:	
Account Name or Number:		Operator:
I attest that I am a designated user for the PI listed above and that all information detailed below is true and accurate. This experiment is part of my PI's research program and is compliant with University of Pittsburgh guidelines for the responsible conduct of research. I agree to acknowledge the facility in any publication containing data/results obtained at this facility.		Tubes <input type="checkbox"/> Return <input type="checkbox"/> Discard
Researcher Signature:	Date:	

**Shaded areas are for operator only. Please do NOT write in them!*

Sample Information:

Sample ID [Name, Number, Cell Type]	Cell Size Range (µm)		Cells are	
	<input type="checkbox"/> <15µ <input type="checkbox"/> 15-25µ	<input type="checkbox"/> >25µ specify: _____	<input type="checkbox"/> Live <input type="checkbox"/> Fixed	<input type="checkbox"/> Fragile <input type="checkbox"/> Robust
	Biological or Chemical Hazards:			
	<input type="checkbox"/> Virus Specify: _____ <input type="checkbox"/> Bacteria Specify: _____ <input type="checkbox"/> Fungi Specify: _____ <input type="checkbox"/> Parasite Specify: _____ <input type="checkbox"/> recombinant DNA/RNA Specify: _____ <input type="checkbox"/> Chemical Specify: _____ <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown			
Species Info:				
<input type="checkbox"/> Human <input type="checkbox"/> Healthy Donor <input type="checkbox"/> Immortalized Cell Line <input type="checkbox"/> Patient Disease: _____ Tested for HIV/HBV? <input type="checkbox"/> Yes <input type="checkbox"/> No Results: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> nonhuman Primate Specify: _____ SIV infected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Specify: _____				
	Sample Temp	Cell#/tube (min 2e5): _____		
	<input type="checkbox"/> 4°C	Vol/tube (min 200µl): _____		
	<input type="checkbox"/> RT	Gate to Acquire: _____		
	<input type="checkbox"/> 37°C	# Gated Events to Acquire: _____		

Standard Optical Bench* and Instrument Control (Comp) Tubes:** Please check off each color/parameter used in this experiment. Provide one single color positive tube for each parameter checked. Label comp tubes as indicated in the tube column.

X	Tube	Det'r	Filter		Laser	Ab/Dye Used	X	Tube	Det'r	Filter		Laser	Ab/Dye Used
		FSC	LP	BP	488λ			I	Rd-B	690	730/45	640λ	
		SSC	xxx	488/10	488λ			J	Rd-A	750	780/60	640λ	
	B	Bl-B	505	530/30	488λ			K	Vi-E	xxx	450/50	405λ	
	C	Bl-A	685	710/50	488λ			L	Vi-D	505	525/50	405λ	
	D	LG-D	xxx	575/25	552λ			M	Vi-C	630	660/20	405λ	
	E	LG-C	600	610/20	552λ			N	Vi-B	690	710/50	405λ	
	F	LG-B	685	710/50	552λ			O	Vi-A	750	780/60	405λ	
	G	LG-A	750	780/60	552λ			P	UV-B	xxx	379/26	355λ	
	H	Rd-C	xxx	670/30	640λ			Q	UV-A	690	740/35	355λ	
*All changes to Standard Optical Bench <u>must</u> be approved prior to scheduled date. Check <u>all</u> parameters/fluorochromes used. Indicate previously approved changes to Optical Bench and designated filters. <input type="checkbox"/> Customized Bench (note changes above or attach)							**Enter the Ab or Dye used for compensation for each and every parameter used. Minimum requirements: 2e5 cells / 200µl / tube, single color only!					Comp Sample: <input type="checkbox"/> Cells <input type="checkbox"/> Beads	

Operator Use Only:

Configuration File:		ND Filter:	Comp Setup:	
Application File:		FSC Voltage:		
Sample Temp (°C):	AMO Used: Y / N		Unlinked or Adj'd: Y / N	
Comments:			Billed Time	Results
			Start:	Sent: Y / N

	End:	PW'd: Y / N
	Transferred: Y / N	

Date:	Exp't Name:
Researcher:	Page 2

Analysis Panel: Please write the appropriate tube number on each tube.

Tube	Antibody/Dye Panel (Please List Reagents in det'r order)	Description / Condition / Comment	Other Info
1			
2			
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Date:	Exp't Name:
Researcher:	Page 3

Analysis Panel (cont): Please write the appropriate tube number on each tube.

Tube	Antibody/Dye Panel (Please List Reagents in det'r order)	Description / Condition / Comment	Other Info
41			
42			
43			
44			
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48			
49			
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