McGowan Institute for Regenerative Medicine
Flow Cytometry Facility
Client Registration

Principle Investigator:	Phone #: _ _ _ - _ _ _ - _ _ _ _	e-mail address:

> - **I attest that all experiments submitted to the facility by the researcher listed below are part of my research program and are compliant with University of Pittsburgh guidelines for the responsible conduct of research.**
> - **I agree to acknowledge the McGowan Institute Flow Facility in any publication containing flow cytometry data/results obtained at this facility.**

PI Signature*:   **Date:**

Researcher**:	Account Type (please check one): ☐ Internal ☐ External
	Phone #: _ _ _ - _ _ _ - _ _ _ _
Lab Location:	e-mail address:

Billing Contact:	Phone #: _ _ _ - _ _ _ - _ _ _ _
Billing Address:	e-mail address:

Pitt Account Number (Internal Account Only – 32 digit number)*:

_ _ - _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

*All forms <u>MUST</u> be signed by the Principle Investigator or his representative. Photocopied signatures are <u>NOT</u> acceptable.
**Complete one form for each user or researcher.
***Please note: ABSOLUTELY <u>NO</u> WORK will be done without a valid Account Number for Internal clients or a valid Billing Address for External clients!

Flow Cytometry Office/Lab Use Only:

Date Rec'd:	Comments:
DataBase Code:	
Instruments: ☐ Aria ☐ Quant ☐ Both	