

**McGowan Institute for Regenerative Medicine
Flow Cytometry Facility
Analysis Requisition - FACSAriaII**

Scheduled Date: mm/dd/yy	PI: pi name	FACS Folder:
Scheduled Time: time	Phone: your phone#	Exp't Name:
Researcher: your name	e-mail: your e-mail address	
Account Name or Number: acc't name/number if more than one registered		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: your signature		Date: date signed

Commented [LJG1]: All shaded areas are for operator use only!

Commented [LJG2]: Disposition of tubes after data acquisition

Sample Information:

Sample ID [Name, Number, Cell Type]	Cell Size Range (µm)	Cells are
Sample A Sample B Etc	<input type="checkbox"/> <15µ <input type="checkbox"/> 15-25µ specify: _____ <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 <input type="checkbox"/> RT <input type="checkbox"/> 37°C		Vol/tube (min 200µl): _____
		Gate to Acquire: _____
		# Gated Events to Acquire: _____

Commented [LJG4]: Check appropriate boxes

Commented [LJG3]: IDENTIFY YOUR SAMPLES!

Commented [LJG5]: Check appropriate boxes – specify actual hazard. Attach documentation if necessary

Commented [LJG8]: Enter appropriate info

Commented [LJG7]: Check appropriate box

Commented [LJG6]: Check appropriate boxes

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
X	B	BI-B	505	530/30	488λ		K	Vi-E	xxx	450/50	405λ
	C	BI-A	685	710/50	488λ		L	Vi-D	505	525/50	405λ
X	D	LG-D	xxx	575/25	552λ		M	Vi-C	630	660/20	405λ
X	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 **must** be approved prior to scheduled date. Check **all** parameters/fluorochromes used. Indicate previously approved changes to Optical Bench and designated filters. 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:
 Cells
 Beads

Commented [LJG9]: Indicate which det'rs are used

Commented [LJG10]: Enter ab and fluorophore or and/or dye used for compensation

Commented [LJG12]: Indicate particle used for compensation

Commented [LJG11]: Indicate if changes must be made to standard optical bench

Commented [LJG13]: Please do not use any shaded areas!

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

Commented [LJG14]: Please do not use any shaded areas!

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	Neg / Neg / PI	Neg Control	
2	Ab1 FITC / Ab2 PE / PI	Control	
3	Ab1 FITC / Ab2 PE / PI	Exp't condition 1	
4	Ab1 FITC / Ab2 PE / PI	Exp't condition 2	
5	Ab1 FITC / Ab2 PE / PI	Exp't condition 3	
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			

Commented [LJG15]: ALWAYS include the appropriate negative control as the first tube

38			
39			
40			