

McGowan Institute for Regenerative Medicine  
Flow Cytometry Facility  
Sort Requisition - FACSariaII

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 ID [Name, Number, Cell Type]	Cell Size Range (µm)	Cells are	
	<input type="checkbox"/> <15µ <input type="checkbox"/> >25µ <input type="checkbox"/> 15-25µ    specify: _____	<input type="checkbox"/> Live	<input type="checkbox"/> Fragile
		<input type="checkbox"/> Fixed	<input type="checkbox"/> Robust
	<b>Biological or Chemical Hazards:</b> <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		
<b>Species Info:</b> <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: _____	<b>Temperature Sample Sort</b> <input type="checkbox"/> 4°C <input type="checkbox"/> <input type="checkbox"/> RT <input type="checkbox"/> <input type="checkbox"/> 37°C <input type="checkbox"/>	<b>Collection Mode</b> <input type="checkbox"/> Tubes <input type="checkbox"/> Plates <input type="checkbox"/> 2-way <input type="checkbox"/> 24, 48, 96, 384w <input type="checkbox"/> 4-way <input type="checkbox"/> 60,72w Terasaki <input type="checkbox"/> Slides	
	Sort as: <input type="checkbox"/> Sterile <input type="checkbox"/> Non-sterile		

**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 <b>must</b> be approved prior to scheduled date. Check <b>all</b> 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!						<b>Comp Sample:</b> <input type="checkbox"/> Cells <input type="checkbox"/> Beads	

**Operator Use Only**

Configuration File:	ND Filter:	FSC Voltage:
Application File:	Comp Setup:	
DDF:                    K	Sample Temp (°C):	Unlinked or Adj'd: Y / N      Results sent? Y / N
Drop Delay:            K/sec	Collection Temp (°C):	AMO Used: Y / N                Results PW'd? Y / N
Comments:		Billed Time

	Start:
	End:

<b>Date:</b>	<b>Exp't Name:</b>
<b>Researcher:</b>	<b>Page 2</b>

**Experiment Panel: Please write the appropriate tube number on each tube.**

Tube	Antibody/Dye Panel (Please List Reagents in order listed above)	Description / Condition	Cell # (x10 <sup>6</sup> )	Vol (μl)	Sort	Sort Gates OK'd***
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**\*\*\*Researcher must initial approval of sort gates.**

**Operator Use Only: Final Sort Information**

Sorted Tube					
Sort Mask					
Sort Direction		Pop1:	Pop2:	Pop3:	Pop4:
Sort Gate					
Pop Frequency (Total)					
Target Collection #					
Sort Check	% Purity				
	% Viable				
Comments					

Sorted Tube					
Sort Mask					
Sort Direction		Pop1:	Pop2:	Pop3:	Pop4:
Sort Gate					
Pop Frequency (Total)					
Target Collection #					
Sort	% Purity				

Check	% Viable				
Comments					