

**Daily Sample Information Sheet
for Core Flow Cytometry Facility**

Project Title or Nickname: _____

Laboratory Director (*Principal Investigator*)

Name _____

Investigator (*Experimentor, Post-Doc, Fellow, Student, Technician, etc.*)

Name _____

Phone number _____

E-mail..... _____

Laboratory Location (Building and Room) _____

Sample Source

Human Primate Mouse Rat Bacteria Other _____
Tissue(s) _____

Cell Line(s) (*list*) _____

Are the samples fixed?..... Yes No

Were the samples treated with any pharmacological agents?..... Yes No

Does the sample contain any known infectious agent(s)?..... Yes No

Fluorochromes used in this experiment (*check all that apply*)

- | | | |
|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> FITC | <input type="checkbox"/> PE-Cy5 | <input type="checkbox"/> APC-Cy7 |
| <input type="checkbox"/> GFP | <input type="checkbox"/> PerCP-Cy5.5 | <input type="checkbox"/> A647-Cy7 |
| <input type="checkbox"/> PE | <input type="checkbox"/> PE-Cy7 | <input type="checkbox"/> DAPI |
| <input type="checkbox"/> PI | <input type="checkbox"/> APC | <input type="checkbox"/> Hoechst _____ |
| <input type="checkbox"/> PE-TxR | <input type="checkbox"/> Alexa647 | <input type="checkbox"/> Qdot _____ |
| <input type="checkbox"/> PerCP | <input type="checkbox"/> Alexa700 | <input type="checkbox"/> Other _____ |