

# LIDR Immunology Core

## Flow Cytometry Information Sheet

User: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
PI: \_\_\_\_\_ MoCode/PO #: \_\_\_\_\_  
Department: \_\_\_\_\_ IBC Protocol #: \_\_\_\_\_

**Project Title/Nickname:** \_\_\_\_\_

**Experimental goal of analysis and/or sort:** \_\_\_\_\_

### Biosafety Information:

The samples being brought to the facility are:    BSL-1    BSL-2    BSL-3  
(Cells fixed by a validated method are BSL-1 regardless of their status prior to fixation.)

Will the samples be of human or other primate origin?    No    Yes

Will the samples contain recombinant or synthetic nucleic acids, viral vectors, or exogenous genes?    No    Yes  
If yes, please describe the specific method of genetic modification (including method of delivery, presence of oncogenes, and ability of viral vector to infect human cells). \_\_\_\_\_

### Cell Information:

(One form per experiment unless differences in cell type and fluorescence parameters require more.)

Do the cells need to be sorted?    No    Yes (If yes, please complete a Cell Sorting Form as well)

Cell Type:    Bacteria    Cell line    Primary cells    Other: \_\_\_\_\_

Species: \_\_\_\_\_

Have the cells been infected?    No    Yes If yes, with what? \_\_\_\_\_

Fixed (with all potentially infectious agents inactivated)?    No    Yes If yes, what method? \_\_\_\_\_

Adhesiveness:    Suspension culture    Non-adherent cell line    Adherent cell line

Disaggregated tissue    Mode of disaggregation: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Estimated cell size: \_\_\_\_\_

Has the sample been filtered?    No    Yes If yes, filter size? \_\_\_\_\_  $\mu\text{m}$

(Samples, including controls, must be passed through a  $\leq 40 \mu\text{m}$  filter.)

PI Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fluorescence Parameters:**

For single-color experiments, please provide a negative (unstained) control and a positive control for each fluorochrome.

For multi-color experiments, please complete and refer to the chart below.

Control Sample IDs	Fluorochromes/Dyes					
Negative:						
0	-	-	-	-	-	-
Compensation: (Compensation controls should contain both a negative and positive population for a single fluorochrome)						
1	+/-	-	-	-	-	-
2	-	+/-	-	-	-	-
3	-	-	+/-	-	-	-
4	-	-	-	+/-	-	-
5	-	-	-	-	+/-	-
6	-	-	-	-	-	+/-
Gating (FMO): (Fluorescence Minus One controls are positive for all but one fluorochrome)						
7	-	+	+	+	+	+
8	+	-	+	+	+	+
9	+	+	-	+	+	+
10	+	+	+	-	+	+
11	+	+	+	+	-	+
12	+	+	+	+	+	-

Are you using a viability dye?    No    Yes    If yes, which one? \_\_\_\_\_

**Experimental controls and samples:**

Please describe your samples or provide a legend for tube labels.

**For Operator Use Only:**    Operator verify times and initial: \_\_\_\_\_    Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_    Time Started: \_\_\_\_\_    Time Stopped: \_\_\_\_\_    Time Resumed: \_\_\_\_\_    Time finished: \_\_\_\_\_

Problems with instrument or sample (describe): \_\_\_\_\_