

# UIC Flow Cytometry Sample Submission Form

\*Please fill out as completely as possible.

Submitted by: \_\_\_\_\_ (please print) . Email: \_\_\_\_\_ (please print) .

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_ .

Grant/PO #: \_\_\_\_\_ Fax #: \_\_\_\_\_ .

What exactly do you want to measure? What kind of information are you looking for?

Type of sample(s) (i.e. bacteria, etc): \_\_\_\_\_ .

Dye(s) used (i.e. PE, APC, FTIC): \_\_\_\_\_ .

Wavelength(s) you are interested in: \_\_\_\_\_ .

Is your sample(s) LESS than 70 microns? \_\_\_\_\_ .

How many samples are you submitting? \_\_\_\_\_ .

**\*Please include a complete list of ALL samples submitted, the type of each sample, and ALL biological and chemical hazards associated with your samples. \***

Is your sample fixed (rendered harmless)? \_\_\_\_\_ .

Is your sample TOXIC? \_\_\_\_\_ .

If yes, please explain:

**\*If your sample is NOT fixed, please call 862-1447 before submitting sample.\***

Have you included all the necessary CONTROLS? \_\_\_\_\_ .

Please list your controls: \_\_\_\_\_ .