

Cytometry and Cell Sorting Core Facility

Referent :	Date:
Amendment :	Date:
Amendment :	Date:

Applicant

M^r, M^{rs} :

Status Trainee M2R PhD Student Postdoc ITA Researcher

Other :

Phone:

Fax:

E-mail:

Manager name:

E-mail:

Phone:

Laboratory :

Billing address :

Nature of the service (cf use agreement)

Indicate in a few lines the nature of your project : Please attach to this sheet a summary of your project **explaining the need to use cytometry and / or cell sorting.**

Project in collaboration with a private company yes no if yes, company's name:

Working Independently

<input type="checkbox"/> Data acquisition	<input type="checkbox"/> Fortessa, Symphony, X20	<input type="checkbox"/> Trieurs	<input type="checkbox"/> MACSQuants	<input type="checkbox"/> ImageStreamX
<input type="checkbox"/> Data analysis	<input type="checkbox"/> FlowJo	<input type="checkbox"/> IDEAS		

Production – Expertise

Cytometry : Data acquisition ¹ Data analysis Cell sorting ²

ImageStreamX: Data acquisition ³ Data analysis

Balance sheet 3months 6months 1year other :

I have read the sample preparation protocol (given by the cytometry facility) for:

- acquisition by cytometers
- cell sorting
- acquisition by ImageStreamX

R&D Cytometry and cell sorting

Project reference

Samples

Cell type used:

- Human
- Animal
- Vegetal
- Other (bacterium, microparticles...)

Fixation: no yes, which one ?

Comes from a OGM: no yes, which class ? N° declaration OGM :

For confidentiality and protection of computer data, the platform offers secure access only if the data is exported to the storage server (a login and password are assigned to each team). The data left on the acquisition computer is not secure.

The signatory of this service request undertakes to have read the use contract of the Platform TRI and the procedure's rules of the technical platform used and undertake to respect them. The person in charge of the user ensures by his signature that this one knows and applies the rules H&S in use in a laboratory.

The signature of the person in charge is valid for commitment to payment of benefits.

Signature/date:

User

User's manager

PF cytometry