**Application Form – Sorting**

**Details for each separate sort**

**Your name:**

**Telephone number:**

**Todays date:**

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**Date for sorting:**

**Estimated time (hours) for sorting:**

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**Cell origin** (species):

**Cell type** (e.g. bone marrow, peripheral blood, cell line/name, bacteria):

**Pathogenic:** Yes/No: If yes, what class:

­­­­­­**Gene modified:** Yes/No: If yes, what class:

**Fixed** or **live** cells:

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**Specify analysis details or specify which previous sort date to be copied:**

**List of fluorochromes to be used:**

**Viability dye:**

**Which controls do you bring?** (blank, mock, FMO’s, compensation controls):

**Cell subpopulation(s) to be sorted**:

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**Number of samples to be sorted:**

**Approximately total cell number for sorting:**

**Do you want to culture the cells after sorting (aseptic sorting)?**

**Collection device:** Tubes/plates/C1chip/slide:

**If plate, specify type and brand:**

**Medium for collection device / to sort in to:**

**Temperature:** 4oC/20oC/37oC: