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| **Laboratory Information** |
| Investigator Name: |   |
| Phone Number: |   |
| Email: |   |
| Contact Person: |   |
| Email: |   |
| Billing Address: |  |
| Will you be paying by FOAPAL? | Yes | If yes, please provide a FOAPAL number: |
| No |
|  |
| **Sample Information** |
| Cell Type (PBMC, Lymphocytes, etc.) and size (diameter µm): |   |
| Cell Source (Human, Mouse, etc): |  |
| Sample Source (Healthy Donor, Patient, Mouse Colony, etc.): |   |
| Does the sample contain any known infectious agent? | Yes | If yes, which agent: |
| No |
| Were the cells genetically engineered? (Transfected or transduced with a retrovirus, adenovirus or other) | Yes | If yes, how? |
| No |
| Risk Group and Containment Level of the sample: |  |

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| **Experiment Information** |
| Number of Samples: |  | Cell Number/Sample: |  |
| Number of Populations to be sorted (1-4): |  | Number of Cells Desired: |  |
| Fluorochromes/Antibodies used: |  |