

CELL SORTING EXPERIMENT FORM

- 1) Date requested to conduct Cell Sorting experiment:
- 2) Principal Investigator: Department, name, email and phone number:
- 3) Person preparing the samples: name, email and phone number:
- 4) a.) BSRD Assurance Form # for these cells:
b.) BSL assigned to these cells: **1 / 2 / 2+**
- 5) a.) Were these same cells/pathogens previously approved by Flow Cytometry Facility for sorting? **YES / NO**
b.) If yes, when?
- 6) a.) Cell type:
 - 1) Species:
 - 2) **Primary / Culture**
 - 3) If primary, what is origin (i.e. marrow, blood, tissue type)?
 - 4) If primary, please describe donor population:
 - 5) If primary, any known infections?
 - 6) If culture, what is ATCC#?

b.) Potential infectious agents associated with cells (virus, bacteria, parasite, strains, modifications / explain):

c.) Recombinant infectious agents associated with these cells (retrovirus, lentivirus, replication competent/defective, tropism, oncogenes, etc. / explain and attach documentation):

d.) Recombinant constructs used and genes to be expressed in these cells.
- 7) a.) Do these cells encode ANY recombinant proteins with potential oncogenic properties? **YES / NO**

CELL SORTING EXPERIMENT FORM

b.) If yes, what are these proteins?

8) a.) Are these cells fixed? **YES / NO**

b.) If yes, by what method?

c.) If yes, and cells are virally infected, do you have documentation of eliminated hazard potential for humans? (Does this fixation kill all pathogens in the sample?) **YES / NO** Attach documentation.

9) Do you agree to follow the biosafety protocols in the Flow Cytometry Facility? **YES / NO**

10) Fluorochromes to be used:

11) Total volume of sample to be run and concentration of cells:

12) a.) Desired number of target cells to be collected:

b.) Approximate size of cells to be sorted:

13) Size of conical tube to sort into: **5ml / 15 ml / 50ml or PLATE**

14) Principal Investigator must verify review of this sorting experiment and accuracy of responses:

Signature: _____ Date: _____

Flow Core Use Only		
Sort Specs	Customer requested and received:	Biosafety
Nozzle: 70-85-100	Printouts: YES-NO	Date form rec'd: By:
Way sort: 1-2-3-4	pdfs: YES-NO	Date form appr'd: By:
Collection tube: 5-15-50-plate	Sorts confirmed: YES-NO	Flow Core BSL designation: 1 / 2 / 2+
Dyes used:	Date sort completed:	Equipment used: Hood-AMO-PPE-none
	Started: Ended:	Sorter Operator: