

INDIANA UNIVERSITY BLOOMINGTON

Flow Cytometry Core Facility

Please provide ALL the information requested below:

Principle Investigator Name	Principle Investigator E-mail

Approved User(s) Name(s)	Approved User(s) E-mail(s)

Lab Building/Room: \_\_\_\_\_ Lab phone: \_\_\_\_\_

Department: \_\_\_\_\_ Account # (for charges): \_\_\_\_\_

For the following, if not applicable, please type in n/a:

Granting Agency (NIH, NSF, etc.): \_\_\_\_\_ Agency Grant #: \_\_\_\_\_

Title of Grant: \_\_\_\_\_

Project information:

Cell and/or organism name: \_\_\_\_\_ Biosafety Level: 1  2

Project includes the following (please note "sorting" refers to use of the Aria II or COPAS for retrieving cells or organisms): **Sorting only**  **Analysis only**  **Both sorting and analysis**

**Title and brief description of flow cytometry project** (if you have more than one project, feel free to duplicate this page for additional project information; just save as a separate document):

Title: \_\_\_\_\_

**Description** (type description in space below):