

Flow Cytometry Service Form

Contact: _____
Organization: _____
Telephone: _____
Date: _____

Cell Type

Mouse
 Human
 Bacterial
 Other: _____

Custom Panel

FL1(504-541)

- FITC
 Annexin V
 CFSE
 GFP
 AF488

FL2(568-590)

- PE
 PI

FL4(660-680)

- PerCp
 PerCpCy5.5
 PE-Cy5
 APC

FL3(610-635)

- PE-TR
 7AAD

FL5(750-810)

- APC-CY7

Treatment

- Fixed
 Fresh

Assay Type

- Cell surface expression
 Apoptosis/Viability
 Cytokine expression
 Intracellular expression
 Proliferation assay
 Immunophenotyping

Controls

Unstained
 Single stains
 Isotypes
 Positive
 Negative
 Other: _____

Sample Info

of Samples: _____
of cells/sample: _____
of fluorophores: _____
Comments: _____

Special Instructions

- 1) Provide at least a half million cells per sample before staining.
- 2) Provide at least 2 million unstained cells.
- 3) Provide a single color stain for each color used (5 fluorophore maximum).
- 4) The final volume of each sample should be at least 250ul.
- 5) Please give us a call if your experiment is running late.

Thanks for your time and we look forward to your business.

OFFICIAL USE ONLY

Date: _____
Appointment time: _____
Arrival time: _____
Sample Condition/Temp: _____
Analysis Performed by: _____

Customer PO#: _____
ABC WO#: _____
Customer Ref#: _____
Results delivered on: _____

Additional notes: _____

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