

## 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.) List genes to be expressed from recombinant constructs:
  - e.) Are any constructs used that reduce expression of a tumor suppressor gene?  
If so, please identify this gene:

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- 7) a.) Do these genes encode ANY recombinant proteins with potential oncogenic properties? **YES / NO**  
 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: