



Cornell University
College of Veterinary Medicine

Department of Biomedical Sciences
Flow Cytometry Request Form

Date: _____

Instrument: _____

Lab Information:

Investigator(s): _____	Email: _____
<small>User(s) Completed Blood Borne Pathogen Training:</small> Yes No	
Lab Head: _____ <small>(Full Name)</small>	Account #: _____
Department: _____	MUA#: _____

Project Description:

Experiment Description:

Cell Description:

Cell Type: _____	Transfection Method: _____
Species: _____	Date of Transfection: _____
Live or Fixed: _____	Cell Passage #: _____
In-vitro or in-vivo Treatments: _____	

BIOSAFETY INFORMATION

	Yes	No
Does the Sample contain any known or possible infectious agents?		
Were the cells genetically engineered using an adenovirus, lentivirus, retrovirus, or other viral vector?		
If yes to viral vector use, was the transfection checked for stability to ensure there is no remaining free vector?		
To ensure no delays, please be sure this form is complete and accurate. Click 'SUBMIT' to send your form for EHS approval.		
THIS CORE IS NOT CERTIFIED FOR BSL-3.		

EHS ONLY

<i>Comments:</i>
