



Faculty of Medicine

MOFLO ASTRIOS REQUISITION

Requested by: _____

Date: _____

Contact email: _____

Contact phone: _____

Grant holder: _____

FOPAL: _____

Grant holder signature: _____

Biosafety Certificate No. _____

Cell Type: _____

Cells Fixed? Yes No

Type of service required: Analysis Cell Sorting

No. Tubes: _____

No. Events to collect: _____










Laser (nm)	Detector	Detector Required (✓)	Fluorochrome
405	448/59		
	546/20		
488	513/26		
	576/21		
	620/29		
	664/22		
	710/45		
	795/70		
640	671/30		
	722/44		
	795/70		

Amount Charged: Set up fee: \$ _____ + Machine Time: _____

Total Charge: \$ _____

Work received in good order by: _____

MOFLO ASTRIOS SORT LOGIC/GATING

S S C			
			
			

FSC

Number of tubes/samples to be sorted: _____

Sort Collection Receptacle: Tubes 5 ml 15 ml 50 ml 0.5 1.5
Plates 6-well 96-well Other _____

Number of cells to recover for each population: _____

Purpose of the sort? (i.e. DNA, RNA, re-culturing?) _____

Sterile sort? Yes No Other information: _____