



Flow Cytometry Core Facility

Core Facility Manager

Dr. Stella Autenrieth

+49 (0)7071 29-87612

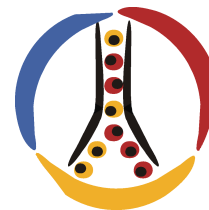
Core Facility Operator

+49 (0)7071 29-82745

+49 (0)7071 29-81979

+49 (0)7071 29-82763

E-mail: fcb-berg@med.uni-tuebingen.de



Registration Sheet BD FACS Analyzer

Experimenter _____	Phone _____
Principal Investigator _____	E-mail _____
Institute _____	Account No (Kostenstelle) _____
Mailing Address _____	Project No _____
Is your PI University of Tübingen Member?	
Is your PI Medical Faculty Member?	

Cell Type

- Primary Material _____
Please specify
- Cell Culture
- Cell Line _____
Name

Biohazard level of samples

- S1 S2 _____
Please specify
- fixed cells

Species

- Human
- Mouse
- Rat
- Other

Fluorochromes

- 1-5 6-8 9-15

Please specify the fluorochromes

Laser Excitation Selection

- 405 nm 488 nm 561 nm 633 nm

Herewith I declare that I got		
<ul style="list-style-type: none"> - a training how to use the instrument - the user guidelines of the Flow Cytometry Core Facility - a personal account for the FACS Canto 		
_____ User	_____ Operator Core Facility	_____ date