UNIVERSITY OF KENTUCKY

UK FLOW CYTOMETRY CORE FACILITY

Sample Information Form

This form MUST accompany all samples delivered to the facility

Entry Code: 7203#

NOTE: **ALL PROJECTS** must meet biosafety policy standards and receive prior approval by the facility director before any samples can be analyzed and/or sorted by the Flow Cytometry Core Facility.

Services requested: Analysis only ☐ **Sorting** ☐ **Date:** _____

UK Account #: _____

Contact Information
PI: Investigator:
Phone:
E-mail:
Laboratory Department/Location:

1. Has a **Biosafety Questionnaire** been submitted and approved?
   ☐ Yes ☐ No
2. Have any aspects of the approved project changed (e.g. cell type, vectors, transformation, etc)?
   ☐ Yes (Please provide details of changes) ☐ No
   _____
3. Are the samples **LIVE or FIXED**? _____ If fixed, what fixative? _____
4. What **fluorochomes** to be analyzed? (FITC, GFP, PE, etc) _____
5. What **cell type**? (lymphocyte, fibroblast, tumor, etc) _____
6. Is sample of **human** origin?
   ☐ Yes ☐ No (If YES, describe sample: _____
   a. Was the sample screened for pathogens? ☐ Yes ☐ No ☐ Unknown
      (If YES, the results were: ☐ Positive ☐ Negative)
      (If NO, describe any known or suspected infectious agents: _____
7. Were the cells **transduced** with a virus vector?
   ☐ Yes ☐ No (If YES, what gene was introduced: _____)
   If YES, has the virus been rendered non-infectious or replication deficient?
   ☐ Yes ☐ No (If YES, describe method) _____
8. Were the cells **genetically engineered** in any way other than viral transformation?
   ☐ Yes ☐ No
   If YES, describe method and gene introduced:_____
9. Is the sample **infected** with any other organism (bacteria, virus, fungi, parasite, prion, etc.)?
   ☐ Yes ☐ No
   If YES, identify organisms and biosafety level: _____

I certify that the answers to these questions are accurate and complete.

_____ Signature (PI) _____ Date

Push to Print Form

HOW TO PREPARE YOUR CELLS FOR ANALYSIS AND SORTING:

A. BRING CONTROLS:

1. UNSTAINED CELLS - of the type to be sorted. This will allow us to adjust the instrument according to the inherent autofluorescence of unstained cells excited by the laser wavelengths that will be used.

2. SINGLE COLOR CONTROLS - of each antibody/dye combination to be used. This allows us to compensate for minor color "spill over" of one antibody/dye combination into other color detectors. Compensation should be performed using the brightest antibody/dye combination for each color to be used that day.

3. FLUORESCENCE MINUS ONE (FMO) [optional] – This control contains the complete panel of antibodies less one of the fluorochromes. For example, if your panel contains three fluorochromes (FITC, PE, and APC) then three FMO tubes would be added as controls: FITC -FMO (PE, APC); PE-FMO (FITC, APC); APC-FMO (FITC, PE). FMO controls allows for better gating which accounts for non-specific binding and fluorescence by the panel of antibodies.

B. IDEAL CELL CONCENTRATION:

1. Analysis Only: the preferred concentration should be 1 million cells in 0.5 ml buffer.

2. Sorting: the preferred concentration should be 5 million/ml. We can always dilute if necessary.

C. FILTER CELLS:

Just prior to bringing cells to the lab, pass the samples through 70um to remove clumps and debris. Clumps can clog the instrument fluidics and in some cases divert the waste stream into the collection tube, thus contaminating sorted cells and ruining the entire experiment up to that point.

D. SAMPLE IDENTIFICATION LIST:

Identify the contents of each sample tube on a sheet of paper with respect to the fluorochome-antibody; i.e., FITC-CD4 plus PE-CD8, FITC-CD4 alone, unstained, etc. This allows us to quickly identify your controls and to set up the instrument.
A template for sample identification is provided on the next page.

Date:

Tube	Sample ID	Ab/Fluor #1	Ab/Fluor #2	Ab/Fluor #3	Ab/Fluor #4	Cell Cycle
Control 1						
Control 2						
Control 3						
Control 4						
Control 5						
Control 6						
Control 7						
Control 8						

Tube	Sample ID	Ab/Fluor #1	Ab/Fluor #2	Ab/Fluor #3	Ab/Fluor #4	Cell Cycle
Sample 1						
Sample 2						
Sample 3						
Sample 4						
Sample 5						
Sample 6						
Sample 7						
Sample 8						
Sample 9						
Sample 10						
Sample 11						
Sample 12						
Sample 13						
Sample 14						
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Sample 21						
Sample 22						
Sample 23						
Sample 24						
Sample 25						
Sample 26						
Sample 27						
Sample 28						
Sample 29						
Sample 30						
Sample 31						

Date:

Tube	Sample ID	Ab/Fluor #1	Ab/Fluor #2	Ab/Fluor #3	Ab/Fluor #4	Cell Cycle
Sample 32						
Sample 33						
Sample 34						
Sample 35						
Sample 36						
Sample 37						
Sample 38						
Sample 39						
Sample 40						
Sample 41						
Sample 42						
Sample 43						
Sample 44						
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Sample 73						