



# Flow Cytometry Booking Form

Please complete the form and send it to [openscreen.duth@gmail.com](mailto:openscreen.duth@gmail.com)

## Personal Information

First Name

Last Name

E-mail

Phone

Laboratory

Group Leader

## Project Information

Brief description of the project (please refer to appropriate literature)

## Booking Details

Total estimated number of the experiments

Current booking request is for    Initial experiment    Follow-up experiment

If your booking is for a follow-up experiment, define its sequence number

Desired date and time and for the analysis

## Analysis Information

Cell Type

Application

Antibodies

    Stains

    Specificity

    Fluorochromes

Other stains/fluorescent compounds

Will the analysis be based on a protocol set up by the Facility?        Yes        No

    Date of previous analysis

    Name of the analysis protocol

Number of samples for analysis

Number of samples for settings and compensation

## Experience

Experience in Flow Cytometry        Yes        No

Do you need scientific advice for the experimental design?        Yes        No

Do you need scientific advice for the samples preparation protocol?        Yes        No

    Desired Date and Time for the  
    scientific advice pre-analysis meeting

Do you need scientific advice for the acquired data interpretation/analysis?        Yes        No

Additional information

## Agreement

I confirm the accuracy and completeness of the information I have provided above and I accept the rules of the GR-OPENSOURCE Flow Cytometry Facility.

(Sign after the meeting)