

IUB FCCF – FACS Aria II Questionnaire

Please provide ALL the information requested below:

Name: _____ Lab affiliation: _____ Account #: _____

Sample information

Biosafety Level 1 ☐ 2 ☐

Sample is: mouse ☐ human ☐ other ☐ : if other, name of organism is : _____

Sample type: primary ☐ tissue culture ☐ other ☐ : if other, sample type is: _____

Cell/particle name(s) (list ALL cells or particles in the sample, even if not being sorted):

For the following questions, if the answer is no, please type N/A (Not Applicable) in the box

Sample is/contains a biohazard: No ☐ Yes ☐ Name of biohazard: _____

Sample contains a viral vector: No ☐ Yes ☐ Name of viral vector: _____

Transfection Date (Month/Day/Year): _____

Sample is genetically modified: No ☐ Yes ☐ Genetic modification: _____

Sample contains: HBV: No ☐ Yes ☐ HCV: No ☐ Yes ☐ HIV: No ☐ Yes ☐ TB: No ☐ Yes ☐

Sample contains a disease carrying organism: No ☐ Yes ☐ Name of organism: _____

See next page for Aria II set-up questionnaire

IUB FCCF – FACS Aria II Questionnaire

Please provide ALL the information requested below:

Aria II set-up information

Type of Aria II session requested: Sort ☐ Analysis ☐ Both ☐

Nozzle: 70µm 85µm 100µm 130µm

Cell or particle diameter (used to choose nozzle size and sort set-up): _____ micron

If multiple cell types are being analyzed or sorted, please list all cell/particle types and diameters here:

Total number of samples (including controls): _____ Number of samples for sorting: _____

Sample volume (controls): _____ ml(s) Sample volume (sample): _____ ml(s)

Cell concentration (controls): _____ /ml Cell concentration (sample): _____ /ml

Collection device #1

Collection device #2

Collection device #3

If using a multi-well plate,
how many wells:

If using a multi-well plate,
how many wells:

If using a multi-well plate,
how many wells:

Total number of collection tubes:

Total number of collection plates:

Number of cells to collect: _____ per

Sample acquisition temperature: Room temperature ☐ 4C ☐

Sample *collection* temperature: Room temperature ☐ 4C ☐

List all of the stains, fluorophores, antibody-fluorophore combinations, etc. (i.e. PI, GFP, APC):

List any fixatives, chemicals, etc. that have been added to the sample:

Any additional information: