

	<p>CENTRAL RESEARCH LABORATORY (CRL) DIVISION OF RESEARCH AND NETWORKING ADVANCED MEDICAL AND DENTAL INSTITUTE UNIVERSITI SAINS MALAYSIA</p>
FLOW CYTOMETRY SERVICE REQUEST FORM	

*Please (v) in the box

Name of Applicant:							
Staff ID.:				Email:			
Contact No.:							
Designation*:		<input type="checkbox"/> MSc.	<input type="checkbox"/> PhD	<input type="checkbox"/> Lecturer		<input type="checkbox"/> RA	<input type="checkbox"/> Staff
University/Company*:		<input type="checkbox"/> IPPT	<input type="checkbox"/> USM	Others. (Please specify):			
Research/Project Title:							
Estimated Date to Run the Analysis:							
Instrument to Use*:		<input type="checkbox"/> FacsLyric (BD)		<input type="checkbox"/> CytoFlex S (BC)			
Type of Analysis*:		<input type="checkbox"/> Apoptosis		<input type="checkbox"/> Cell Cycle		<input type="checkbox"/> TBNK	
		<input type="checkbox"/> GFP		<input type="checkbox"/> Cell Proliferation		<input type="checkbox"/> Others.	
Require Training*:		<input type="checkbox"/> Yes		<input type="checkbox"/> No			

SAMPLE INFORMATION

Number of Sample :							
Type of Sample*:		<input type="checkbox"/> Whole Blood <input type="checkbox"/> Serum <input type="checkbox"/> PBMC <input type="checkbox"/> Cell Lines <input type="checkbox"/> Animal Cells <input type="checkbox"/> Plant Cells <input type="checkbox"/> Microbe cells <input type="checkbox"/> Others: _____	Fixation Status*:		<input type="checkbox"/> Fresh		
					<input type="checkbox"/> Frozen		
			Type of Sample Tube*:		<input type="checkbox"/> Fixed		
					<input type="checkbox"/> Others:		
					<input type="checkbox"/> 96-Well Plate		
					<input type="checkbox"/> Tru-Count Tube		
					<input type="checkbox"/> 5mL Polystyrene Flow Tube		
					<input type="checkbox"/> 5 mL Polypropylene Flow Tube		

No.	Sample Tube Name	Rep.	No.	Sample Tube Name	Rep.
1.			9.		
2.			10.		
3.			11.		
4.			12.		
5.			13.		
6.			14.		
7.			15.		
8.			16.		

FLUOROCHROMES / MARKERS

1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	

7.		15.	
8.		16.	

BILLING INFORMATION

Billing Address:

Method of Payment*:	Bank/Online Transfer	
	USAINS (Please attach proof of payment)	
	P/O	Grant No.:
	Q Form	Grant No.:
	Others	Please specify:
Payable to: 98986101403800, CIMB Bank Berhad (Universiti Sains Malaysia)		

SIGNATURES*

- I hereby declare that all information provided is true and agree to comply with the laboratory regulations and safety procedures. I also understand and accept all responsibilities if any damages/loss of equipment during the conduct of my work.
- I agree and consent to the delivery of my flow cytometry analysis results through email communication.
- I agree to comply with the terms of the Term & Regulation, such as late cancellations or improper sample handling, may result in penalties, including restriction of access to services or additional fees.

Applicant Signature:	Date:
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Supervisor Signature:	Official Stamp & Date:
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LAB USE ONLY

Instrument Setting*	New Experiment (E.g. different type of cells & assays)	
	Current Experiment (Please provide the Instrument Setting File Name below)	
CytoFlex	Compensation File Name	
	Experiment File Name	
FacsLyric	Experiment File Name	
Laboratory Personnel:		Job Completed Date:
Cost Charge/Hour:	Section Head/Lab Manager Signature & Date:	
Total Hour:		
Total Cost:		

General Rules and Requirements:

- All samples must be clearly labelled.
- All analysis prices are subject to change.
- All samples must be prepared, processed, operated, and analysed on the instrument under the sole responsibility of the applicants.
- Only trained and authorized users are allowed to operate the flow cytometer.
- Applicants are responsible for saving and backing up their own data. The laboratory is not responsible for data loss or damage.
- Applicants will be held liable for any misuse or damage to the instrument due to negligence.
- Troubleshooting or advanced operation must be reported immediately.
- A New User or any user initiating a New Project/Experiment is required to complete the **FLOW CYTOMETRY SERVICE REQUEST** Form.
- A Current User requesting an update to existing Compensation or Instrument Settings must submit the **AMENDMENT INSTRUMENT SETTING** Form.