

Flow Cytometry and Sample Processing Service Request Form

1000 Veteran Avenue, Room A-538 Los Angeles, CA 90095-1735 Phone: (310) 794-8932

Please submit by e-mail to mcappelletti@mednet.ucla.edu prior to delivering your samples.

INVESTIGATOR INFORMATION										
Principal Investigator:			Phone:	Phone:		Email:				
Institution/Department:					Dept. Code:					
Street Address:										
City:			State:		Zip Code:					
Research Coordinator:			Phone:		Email:					
BILLING INFORMATION										
Department Name:				Department Code:						
Contact Person for Billing:				Billing Phone:						
Recharge ID(4-Characters): Grant & F		Fund Acct #:		Fund Period (mo/yr-mo/yr):						
EXPERIMENTAL INFORMATION										
Date of Request: Project					oject IRB#:					
Project Name and Description:										
Assay Selected :										
Immunophenotyping: ☐ Lineage panel ☐ DC panel ☐ Other panel (please specify below):		☐ Treg panel ☐ B cell panel		☐ T cell Activation/Exhaustion panel						
Anti-viral intracellular cytokine staining: T cell (CD4+ and CD8+) NK cell (CD56+ and CD8+)										
Stimuli: CMV Other (please specify):	□ EBV		□BK virus		□PPD					
Readouts: INF-gamma Other (please specify):	☐ IL-10] IL-10		. □ти		NF-alpha	□CD107a			
Direct and indirect allo-recognition assay: □ Direct allo-recognition assay □ indirect allo-recognition assay										
Blood Sample processing: ☐ serum or plasma processing only ☐ cell and plasma processing and cryopreservation ☐ -80°C storage ☐ liquid nitrogen cell storage										
Other comments or other services requested:										

Please fill out sample information on this page

Sample #	Sample ID	Cell#	Volume (μL)	Comments